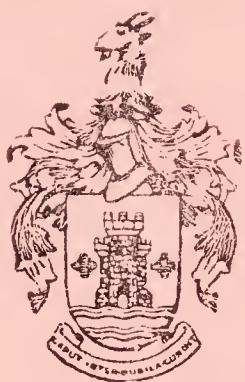


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COUNTY BOROUGH OF GATESHEAD

ANNUAL REPORT
OF THE
Public Health Department
FOR YEAR 1951

JAMES GRANT, M.D., Ch.B., D.P.H.
(GLASGOW)
MEDICAL OFFICER OF HEALTH

W. A. MEARS, CHIEF SANITARY INSPECTOR

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LIST OF STAFF.

1. STAFF OF LOCAL AUTHORITY.

**Medical Officer of Health, School Medical Officer and Medical Superintendent, Sheriff Hill Infectious Diseases Hospital*—JAMES GRANT, M.D., ch.B., D.P.H.

Deputy Medical Officer of Health and Senior Medical Officer (Maternity and Child Welfare)—MARGARET B. HERBST, M.D., B.S., B.Hy., D.P.H

Senior Assistant School Medical Officer and Assistant Medical Officer of Health—IRIS M. PRATT, M.B., B.S., B.Hy., D.P.H.

Assistant Medical Officers of Health and Assistant School Medical Officers—JOHN ARDLEY, M.B. B.S. D.P.H., DESMOND A. SMYTH, M.B., B.S. D.P.H., LORNA M. MCLEOD, M.B., B.S., D.P.H.

Senior Dental Officer : JOSEPH WHITEHOUSE, L.D.S. *Assistant Dental Officers* : DONALD SKINNER, L.D.S. HENRY J. COOMBES, L.D.S.

Dental Attendants : MISS D. RIDDLE, MISS B. SINTON, MISS E. M. CESSFORD, MISS J. C. BARTON.

Dental Technicians : T. W. CURTIS, J. GILHOLME, S. M. COLE (apprentice).

Orthoptist : MISS S. S. MILLS (resigned 30.6.51), MISS S. HOLMES (commenced 1.10.51).

Health Visitors and School Nurses : C. ROBSON (*Supt.*), I. ROUSE, E. McHUGH (retired 7.12.51), M. DAGLISH, D.C. JOHNSON, I. BRADLEY, E. WISE, M. CRAGGS, E. POWLEY, J. TURNBULL, S. W. ATKINSON, M. MOFFITT, A. MULLEN, E. WILLOUGHBY (resigned 9.11.51), H. MCKENNA, E. SINCLAIR, S. GILLEY (resigned 5.5.51, re-appointed 1.12.51), K. O'DONNELL, S. G. GALLAGHER.

Student Health Visitors (under training) : E. R. TURNER (resigned 1.1.51), L. RYLE (commenced 1.6.51). M. DAGG (commenced 1.6.51).

Open Air School Nurse : E. M. MAPLE.

Nursing Auxiliaries : M. COATES, W. CRAIG, B. GIBSON.

Tuberculosis Nurses : E. FRY, J. HEATLEY.

Non-Medical Supervisor of Midwives : M. BOLAM.

Municipal Midwives : D. BELL, E. BENDIN, W. MAY, A. FALDON, L. OTTAWAY, S. POOLE, S. STEWART, M. DOBSON, L. WELSH, E. DOUGLAS, B. MENHAMS, E. TORRINGTON.

Matrons of Day Nurseries : L. DONNELLY, I. JACKSON, E. DAVISON, E. SMITH.

Supervisor of Domestic Helps : MRS. D. GROSE (resigned 28.2.51), MISS E. POTTS (commenced 23.4.51).

Assistant Supervisor : MRS. B. J. ANDERSON (resigned 28.4.51) MRS. S. MAITLAND (commenced 1.5.51).

Authorised Officers—Mental Welfare : F. ASKEW (SENIOR) C. MITCHELL, A. GRAHAM MISS A. OGDEN.

Clerical Staff : N. CRAIG, R. A. SUTTON, L. M. GRAY (commenced 24.1.51), T. MIDDLEMAST (retired 7.4.51), MISS P. NEILSON, MISS M. MACRAE (resigned 7.4.51), MISS E. JONES, MRS. E. I. WATSON, MISS M. ATKINSON, MRS. M. WATSON, MISS A. LORIMER, MISS E. BROWN, MISS B. WALL (resigned 31.3.51), MRS. M. SURTEES, MISS N. SCOTT, MRS. H. SCOTT, MISS B. A. PICKERING (commenced 30.7.51), J. C. ATKINSON (commenced 29.10.51).

Ambulance Officer : W. BARBER. *Deputy Ambulance Officer* : J. NESBIT.

Caretaker Health Centre : E. LITTLEHALES.

*continuing to serve part-time the local hospital services.

2. STAFF OF SANITARY DEPARTMENT.

Chief Sanitary Inspector and Chief Inspector Diseases of Animals : W. A. MEARS*†

Deputy Chief Sanitary Inspector : J. P. LAVENDER*†

Food and Drugs Inspector : G. CHARLTON*†

Housing Inspector : G. T. NEILSON*†

District Sanitary Inspectors : J. HIGGINS *†(Food Premises), P. MCKENNA*†, W. GOODCHILD*†, O. BURNS*†, T. J. WESTGARTH*†, W. F. WILKINSON*†, A. GILPIN*†, R. W. THIRKELL*†.

*—Sanitary Inspectors' Certificate Royal Sanitary Institute.

†—Meat and Food Inspectors' Certificate, Royal Sanitary Institute.

Public Analyst : W. GORDON CAREY, F.I.C.

Clerical Staff : M. GRAY, H. GIBSON, N. ROBINSON, MISS E. MARLEY.

Rodent Operators : H. FOSTER (Senior), I. RUTTER, F. A. BELL.

Disinfestor : J. FREEMAN.

3. STAFF SHARED BY THE LOCAL AUTHORITY AND THE REGIONAL HOSPITAL BOARD.

Clinical Tuberculosis Officer (Chest Physician) and Medical Superintendent Whinney House Hospital : S. D. ROWLANDS, M.D., B.S., B.H.Y., D.P.H.

4. HOSPITAL STAFF GIVING SERVICE AT LOCAL AUTHORITY CLINICS.

Ophthalmic Surgeon : H. V. INGRAM, M.B., B.S., D.O.M.S., M.R.C.S., L.R.C.P.

Orthopaedic Surgeon : A. E. BREMNER, M.B., Ch.B., F.R.C.S.

Dermatologist : T. PARKIN, M.B., Ch.B., M.R.C.P.

Remedial Gymnast : T. D. MIDGELEY, M.A.R.G.

Clerk—Chest Clinic : B. ARMATACE.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF GATESHEAD.

As your Medical Officer of Health, I have the duty to report annually on the health of Gateshead and the work of the health department. I have therefore the honour to submit this statutory report in respect of the year 1951, along the lines laid down in the Ministry of Health Circular 42/51, which calls for copies to be sent to the Ministries of Health, Food and Housing and Local Government.

In 1951 the vital statistics of Gateshead remained on the whole favourable. Births are meantime more or less stabilised at roughly 2,200 per annum, and deaths at roughly 1,500. The infantile mortality rate of 43.9 per 1,000 births was the second lowest recorded, that of 1948 being the lowest. It is felt that something remains to be done to reduce this rate to below 30, largely by intensified efforts to prevent premature birth and to care for premature babies. The infectious diseases death rate remained low, and the tuberculosis death rate was the lowest ever recorded. The cancer death rate, as everywhere, remained at a high level, for this disease now causes nearly one-seventh of the local deaths. There is, however, no reason for the local health and hospital services to be ashamed of these statistics, when regard is paid to the gross overcrowding and defective housing in large areas of Gateshead, which, in pursuit of the proper housing of the citizens, is now erupting its boundaries and invading the adjoining areas.

How far housing difficulties are responsible for one feature of the Gateshead statistics, to which attention is drawn, is a matter of conjecture. Since 1931 the population has shown a continual decline. In pre-war days it was customary to ascribe this to emigration of people in search of work. After the war, with full local employment, there was a slight increase between the years 1946 and 1948, but latterly the trend has been towards an inexplicable slight decline. It was thought that perhaps some of the townspeople had emigrated to surrounding urban and rural districts, but it appears that in Felling, Whickham, Chester-le-Street and Washington, the population changes follow those of Gateshead. The shrinkage of population is all the harder to understand, when the excess of births over deaths should be reflected as a natural increase of population of something like 700 each year.

In the annual report for 1950, regard was paid to some historical aspects of health in Gateshead. It would not be out of place in 1951 to review some of the financial aspects of ill-health in Gateshead. The national revenue of Great Britain amounted to £4,400 millions in the financial year 1951-52. This was disbursed in debt redemption to the amount of £592 millions, in defence to the extent of £1,112 millions, and in civil expenditure, including health, to the extent of £2,323 millions. Of the last item of expenditure £454.7 millions or one tenth of the revenue were spent on the health services. In England and Wales, £274.3 millions of this sum were spent on the hospital and specialist services; £142.8 millions on the general medical and dental services, and £18.6

millions on grants to local authority services. In the general medical and dental expenditure, the cost of domiciliary medical attendance worked out at £48.4 millions, the pharmaceutical services at £43.6 millions, the dental service at £36.2 millions, and the ophthalmic services at £14.65 millions. The yearly expenditure for England and Wales in the National Health Services works out at roughly £10 per head of the population.

Translating these figures into the cost of the health services in Gateshead, the hospital services accounted for roughly £520,000, £408,157 being the expenditure of the Gateshead Hospital Management Committee Group and £100,000 the estimated expenditure incurred on Gateshead patients in St. Mary's Hospital, Stannington. No allowance is made for the hospital care of Gateshead patients in other areas, as it is believed to be equivalent to the cost of treating patients from outside the Borough in the Gateshead group of hospitals. The Local Executive Council expenditure in 1951-52 was reckoned to be £278,000, of which £104,000 was allocated to medical attendance, £103,000 to pharmaceutical supplies, £53,000 to dental treatment and £18,800 to the ophthalmic services. The town's expenditure on the local health services amounted to £134,000, of which sum 50 per cent would be covered by exchequer grant. The principal items of expenditure in this regard were as follows :—

	£
Day Nurseries	29,167
Domestic Help	23,270
Ambulance Service	21,935
Midwifery	15,293
Home Nursing	13,907
Maternity and Child Welfare (including dental care)	6,110
Health Visiting	6,065
Mental Welfare	3,955
Care and After care	1,845
Tuberculosis	1,570
Vaccination & Immunisation	1,305

The total local expenditure on the health services provided under the National Health Service Act was approximately £931,000, of which £67,000 was provided from the rates. In this expenditure of roughly £8 per head of population per annum, it will be noted that only very small amounts can be charged against the cost of preventive medicine, for most of the local authority expenditure, no matter how necessary, is required to deal with illness and its consequences.

As a contrast to this heavy expenditure on the treatment of illness, the local authority spent directly and unassisted by government grants, about £18,300 on environmental sanitation, the control of infectious diseases, the supervision of the purity of food supplies and disinfection. Under the educational provisions, Gateshead's expenditure on the school medical and dental service amounted to £5,800 after deduction of government grant, which would be approximately the same amount. On the welfare services, charged with the social care of the aged, infirm, blind,

deaf and other handicapped members of the community, the local authority spent £71,000, and on the care of deprived children £36,155.

The net cost of housing to the local rates was approximately £80,000, for exchequer grants amounting to £55,000 and house rents totalling £97,000 are recovered.

The figures speak for themselves in demonstrating the very low level of expenditure on the prevention of disease and the very high level of expenditure on the treatment and care of disease. They provide much scope for reflection by the social economist. If one includes housing as a preventive health measure, as one should do, the total amount of £124,950 expended locally on the prevention of ill-health is less than half of the cost of general medical, dental and ophthalmic services, and is approximately one-third of the amount spent locally on the hospitals.

Out of the 920 beds provided in the Gateshead management group, 150 or one sixth of the total were devoted to the care of mentally defective persons. To this number there must be added some 400 at St. Mary's Hospital, Stannington, provided for the care of the mentally ill. Out of the grand total of roughly 1,400 beds serving the Gateshead area, some 600 are devoted to the treatment of mental illnesses and the care of mental deficiency, a figure in keeping with the experience of the nation, for more than one-third of the total hospital beds in the country are in use for mental disorder and deficiency.

The nervous and mental strains of the present day have been reflected in certain national figures. In 1939, 28,000 patients were admitted to the mental hospitals of the country and 19,000 were discharged. In 1949, 51,000 patients were admitted and 40,000 discharged. Of the patients in mental hospitals, one-third are now discharged within twelve months and four-fifths within two years. Mental disorders are reckoned to cost something between £100 and £200 millions a year to the nation. It is further estimated that the many illnesses of the body resulting from functional disturbances of the nervous system, the so-called psychosomatic diseases, are responsible for one-quarter to one-third of the illnesses in industrial workers. It seems that here there is a fruitful field for worth-while research into the sickness of society, and for the fuller development of methods to alleviate the spiritual worries and prevent the mental breakdowns and difficulties of modern urban life in a highly industrialised country.

For the hospital treatment of tuberculosis, the infectious disease which, above all, should lend itself to a successful scheme of prevention, 176 beds or one-fifth of the beds of the group are devoted to the disease in all its ramifications. The nation is spending enormous sums on the hospital care of patients, many of whom have acquired the disease from the careless ambulatory foci of infection present in every community, a formidable danger to the persons with whom they live and to those with whom they work or associate. In spite of a favourable trend in mortality from this disease which is due to improved drug treatment,

the presence in the community of an increasing number of infectious cases must be acknowledged, and these are not always under discipline or control, nor are they frequently properly housed. Methods of prevention that are evolving are directed to the protection of the young domestic contacts of these patients, and by inference are a confession of our failure to insist that the infectious patient with phthisis should keep his germs to himself, as would be done were the infection of the nature of smallpox or enteric fever.

A considerable proportion of the expenditure entailed in hospital provision is the growing number of beds which have to be provided for the more chronic diseases associated with the physical and mental degeneration of age. Unless fruitful studies of the physiological changes yield the secrets of the ageing process this demand is one which will increase greatly in future years due to the increasingly top heavy age-distribution of the population on the one hand and on the other the break up of family life through loss of the ideal. It is far too easy for the young and vigorous to shed their moral and financial responsibility for the care of the elderly and infirm of their own family on to the broad shoulders of the state hospitals and local authority institutions and services.

Serious minded thinkers such as Dr. Ffrancon Roberts view the ultimate financial implications of the health services with grave concern. Under national organisation, there will be an uncontrolled expansion of the costs of curative medicine as knowledge and technique are improved. Such a process is logically bound to continue to the point when the very expense of the service will be too great to be borne by the nation. In coming to this conclusion Roberts seems to have rejected the possibilities inherent in the preventive application of medical knowledge to the community. Further progress in this field is surely dependent upon medical research, a field which is far from being generously financed by the state or by the other statutory agencies of health. It is remarkable that the most valuable results of medical research in the last few years have emerged from the laboratories or their drug manufacturers, who foster research as part of their business.

In conclusion, I would like to express my appreciation of the loyal services of the staff of the health department, mentioning specially Dr. M. B. Herbst, my deputy and Mr. W. A. Mears, the Chief Sanitary Inspector. My thanks are also due to my colleagues of other departments of the local authority and to the officers of the Regional Hospital Board, Hospital Management Committee and Local Executive Council, from whom I have encountered nothing but helpfulness and courtesy. Lastly, I must acknowledge the support and encouragement of the Chairman and members of the Health Committee.

Your obedient Servant,

JAMES GRANT,

Medical Officer of Health..

PART I.—NATURAL AND SOCIAL CONDITIONS OF THE BOROUGH.

A. General Remarks.

Once again stress has to be laid on the difficulties attending the proper housing of the people of Gateshead. Probably in no other Borough is there so much bad housing combined with overcrowding, allied to a despondency about the possibility of remedial action. In Gateshead, the problem is to find land on which to build new houses to accommodate persons who have no houses of their own, and are forced to live in lodgings or with relatives, persons who should be rehoused so that their existing habitations may be demolished and families too large to live in the small flats which they at present occupy. It is considered that it is the housing difficulty of Gateshead which is leading to annually recurring loss of the productive youth of the town, so that the already unwieldy age distribution is all the time tending to worsen as young people emigrate to other areas, where housing prospects are more optimistic. Nothing short of a big extension of the Borough will give the necessary land to enable the proper fulfilment of the housing programme. It is therefore to be regretted that Parliament continues to discourage local attempts to extend boundaries except in very pressing circumstances. Indeed, it is submitted that the case of Gateshead must be looked upon as one of the towns most urgently needing an extension.

The policy of full employment has borne good fruit in Gateshead, but it might be questioned as to whether the policy is really one of over-full employment. Everywhere one meets married women with household and family responsibilities who are attempting the dual task of being a housewife and an employed person. Some of this need for married women to continue in remunerative employment is due to the high cost of living, whereby both the husband and the wife's earnings are required to maintain a satisfactory standard of life. In other cases the married woman with the responsibility of children may lack adequate support from her husband, who may be in the Forces. In yet another group the objective of the married women concerned is to earn money to provide higher standards of living than are possible in a household where only the husband goes to work. There is as yet no evidence of the return of unemployment of the men of the community, which was such a feature in the dark days of industrial depression.

The continual and increasing top-heavy distribution of the age groups of the community shows no signs of abatement, for the days of a high birth rate have evidently gone, never to return. This factor, coupled with the increasing expectation of life, thanks to the control and mitigation of the killing diseases, means that within the population elderly infirm citizens are increasing in proportion relative to the whole, so constituting a burden which must fall on the productive age groups of the community, who already have the onus of maintaining and caring for the young. The effect on the social services of the town is shown

by the ever-increasing demands for home nursing, domestic helps, and welfare facilities of all types. So, too, does the demand increase for hostel accommodation for aged widowers and widows and married couples. The result of all this is to be found in the tabulation of municipal expenditure which shows that Gateshead, per capita of population, was spending more on the domestic help service and on the day nursery provision than any other county borough in England.

As a sequel to the subletting of rooms by tenants, with the idea of making a profit on the one hand and of helping the needy on the other, the frequency of eviction from sublet rooms has become a menace. With the hostel accommodation fully occupied at Fountain View, there is very little provision for even the temporary care of the affected families.

The town as a whole is tending gradually to lose its dormitory status and to rely on its own facilities for the proper care of its citizens. Developments in the health, educational and technical fields render it likely in the near future that Gateshead will be indeed a self-supporting area, independent of the facilities provided in Newcastle, except perhaps in regard to the university.

B. Climatic Conditions.

During 1951, it was at last agreed that the Borough's climatological station should be sited in the Sheriff Hill Isolation Hospital grounds belonging to the Hospital Management Committee. With the consent of the Committee, the Group Engineer, Mr. R. H. Chesney, agreed to act as observer. A sunshine recorder was installed on the roof of the administrative block of the hospital, and the usual outdoor instruments set up on the relatively flat ground separating two of the cubicle wards. It is hoped that this station will be able to supply a complete list of weather observations during 1952. In respect of the year 1951, the picture of the weather conditions has to be obtained from the adjoining meteorological stations at Newcastle and Durham. With the possible exception of June, the weather during 1951 was disappointing for there was a lack of sunshine and a considerable amount of rain. 1,039 hours of sunshine were recorded over Tyneside, as compared with 1,117 in 1950 and 1,240 in 1949. The sunniest month was June, with 171 hours, followed by April with 142 hours. Only 116.7 hours of sunshine were recorded in August. Rainfall during the year totalled 28.91 inches at Leazes Park, against 29.2 inches in 1950 and 17.26 inches in 1949. In August, 4.9 inches of rain were recorded. January and early February continued the cold weather of 1950, which was associated with the influenza epidemic.

A study of atmospheric pollution in the Borough was made throughout 1951, and the results are included in the sanitary inspector's report. From this it is evident that the smoke pollution is a major problem in the northern half of the Borough.

C. Social Conditions.

Unemployment and Disablement.

Through the kindness of Mr. J. J. Wilson, the Manager of the Windmill Hills Employment Exchange, I am able to give the unemployment statistics at the end of 1951. There were then 1,019 men, 516 women, 18 boys and 27 girls registered as unemployed, a grand total of 1,580. This figure is much the lowest ever recorded, for in 1950 and 1949 the number of unemployed exceeded 1,800.

Registered disabled persons numbered 2,201 men and 248 women. Of these only 264 were unemployed. 39 men and 4 women were severely disabled and suitable for work only under very special conditions. Approximately 50 men were employed in the Remploy Factory at the Team Valley Trading Estate at the end of 1951.

National Assistance.

The work of the National Assistance Board in the Gateshead area is summarised in the information reproduced through the courtesy of Mr. T. P. L. Bruce, the Board's area officer. 6,552 persons received assistance during the year. These were made up of 588 persons who were unemployed, 1,104 persons suffering from physical or mental illness, 2,953 retired contributory pensioners, 743 non-contributory old age pensioners and 1,164 others. The last group includes women who were separated from their husbands, or who have not earned a pension, together with a number of persons of both sexes over the pensionable age, who have to wait until they reach the age for entitlement to the old age pension.

National Insurance Sick Benefit.

A weekly return is received from the local offices of the Ministry of National Insurance, so as to spotlight any undue prevalence of illness. Unfortunately this return overlaps the area of the Borough by including Dunston. The normal number of fresh claims received each week varied between 340 and 420 in the months of June and August, but at the beginning of the year the number ranged as high as 1,400, and as high as 550 at the end of October. The high number of claims in January was undoubtedly due to the influenza epidemic.

Welfare Services.

From the Director of Welfare Services, Mr. E. Watson, I have ascertained that at the end of the year there were 291 certified blind persons and 34 others under observation for serious deficiency of vision. There were also 122 persons who were deaf and dumb and a further 69 who were 'hard of hearing.'

In Fountain View Hostel there were 340 residents, as compared with 297 at the end of the previous year. This number included 13 persons

who had been evicted from rooms occupied as sub-tenants. It has been necessary to try and provide nursing facilities for the welfare residents at Fountain View, due to the number who require medical and nursing care. There were also 16 tenants of the Beacon Lough Hostel, which was opened during 1951. These residents at Beacon Lough Hostel were supervised by a warden.

Deprived Children.

Through the Children's Officer, Mr. R. A. Haysom, I have been supplied with the information that there are 216 children under the care of the Children's Committee, together with 36 children from the Borough who are in attendance at approved schools. 54 children are maintained in residential nurseries within the Borough and 50 at the Medomsley Cottage Homes. 58 children are boarded out, 17 are housed in the working boys' hostel and 12 in the working girls' hostel at Gateshead. The remaining 25 children are in voluntary homes, special schools and other residential communities in the country.

General Remarks.

As assessed by the appearance of nursing mothers attending the antenatal clinics and of babies and children seen by the staff of the department, the nutrition of the people remains satisfactory.

D. General Statistics of the Area.

Population (estimated by Registrar General 1951)	114,700
Population (estimated by Registrar General 1939)	116,600
Population of present Borough (Census 1931)	124,545
Population of present Borough (Census 1951)	115,017
Area of Borough (in acres)	4,470
Number of Inhabited Houses (Valuation Lists 1951)	32,695
Density of Population per acre	25.6
Number of Persons per Inhabited House	3.5
Rateable value at 1st April, 1951	£624,831
Sum represented by Penny Rate	£2,404
Rate in the £ levied in 1951—1952	22/- s.

E. Vital Statistics for 1951.

	Males	Females	Total	Rate
Live Births.				
Legitimate....	1103	1019	2122	
Illegitimate	30	33	63	
Totals	1133	1052	2185	19.0 per 1,000 of population (area comparability factor 0.98.)
Still Births.				
Legitimate....	18	22	40	
Illegitimate	—	1	1	
Totals	18	23	41	0.35 per 1,000 of population.

Deaths.	892	718	1520	13.2 per 1,000 of population (area comparability factor 1.16)
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Excess of births over deaths	331	334	665
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Infantile Mortality.

Legitimate.....	48	46	94	44.2 per 1,000 live legitimate births
Illegitimate.....	—	2	2	31.7 per 1,000 live illegitimate births
Totals.....	48	48	96	43.9 per 1,000 live births

Maternal Mortality.

a. From Sepsis	—	—	0 per 1,000 total births
b. From other causes	3	3	1.34 per 1,000 total births
c. From criminal abortion	—	—	0 per 1,000 total births.

Deaths from Tuberculosis.

a. Pulmonary	29	18	47	0.41 per 1,000 of population
b. Non pulmonary	4	7	11	0.09 per 1,000 of population
c. All forms	33	25	58	0.5 per 1,000 of population

Deaths from Epidemic Diseases.

Scarlet fever	—	—	—	
Diphtheria	—	—	—	
Measles	1	1	2	
Whooping cough	—	—	—	
Diarrhoea Infantile	3	3	6	
Total zymotic deaths	4	4	8	.06 per 1,000 of population

Deaths from Cancer	108	98	206	1.79 per 1,000 of population
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Population.

The population has once again shown a downward change. It is amazing that the population of this large Borough, which was as high as 129,000 in 1925, has consistently declined since that year. The reasons for the decline in pre-war days are to be found in the local unemployment and in the emigration of young adults to seek work. In post-war days, the reason for the decline must be the difficulties of the housing situation and an emigration into other developing districts. This diminution of population has continued, in spite of a steady surplus of births over deaths to the extent of almost 700 per annum. What makes the situation more tragic is that it is not apparently a shrinkage affecting all age groups of the community, but one which tends to be maximal in the adolescent and young adult age groups. The burden of the old people who are left behind in the town falls as a result on the social services.

Births.

The birth rate of 1951, namely 19 per 1,000 of population is relatively high, and is to be compared with 15.5, the national rate for 1951, and 17.3, the rate applicable to the great towns. The still-birth rate shows an improvement on the previous year and is roughly the same as the national rate, and an improvement on the rate of the great towns.

Deaths.

The death rate of 13.2 is a slight increase on the figure for 1950, which was 12.6. It is somewhat higher than the national rate of 12.5 and slightly lower than the rate of the great towns which was 13.4.

In 1951, the infantile mortality rate of 43.9 was the second lowest recorded, the lowest being that of 1948, namely 39. The figure is still high, for the national infantile mortality rate, was 29.6, and in the great towns the rate was 33.9. A feature in 1951 was that the illegitimate infantile mortality rate was better than the legitimate, a feature which was contrary to rule. The principal causes of infantile mortality were :—

Notifiable infectious diseases (tuberculosis 1, meningo						
coccal infection 3, measles 1)	5					
Pneumonia (17), Bronchitis (3)	20					
Enteritis and other digestive disorders	6					
Influenza	2					
Prematurity	22					
Congenital malformations	18					
Haemorrhagic disease	4					
Haemolytic disease	2					
Other causes	17					

54 of the deaths occurred in the first month of life.

So far as the general population was concerned, the killing diseases were :—

Diseases of the Heart and Circulation (heart						
disease 476, vascular lesions of nervous system						
192, other circulatory disease 63)	731(48.1% of total deaths)					
Cancer	206(13.5% of total deaths)					
Tuberculosis (all forms)	58 (3.8% of total deaths)					
Pneumonia (63) and other respiratory diseases						
(104)	167(10.9% of total deaths)					
Ulcer of stomach and duodenum	14					
Nephritis	9					
Diabetes	12					
Influenza	51					
Syphilis	5					
Notifiable infectious diseases (meningococcal						
infections 5, acute poliomyelitis 2, measles 2,						
erysipelas 1, encephalitis 2)	12					
Suicide	8					
Motor accidents	15					
All other accidents	28					

884 of the deaths occurred in persons over 65 years of age, that is 58% of the total deaths. The average age at death was 61.738 years.

There were 3 maternal deaths in 2,226 live and still births.

The zymotic disease death rate continues to be low, and the tuberculosis death rate continues to show the marked improvement of recent years, being in fact the lowest ever recorded. This is entirely attributable to the newer methods of treatment by streptomycin and paramosal sodium, and is not a reflection of a lessened prevalence of tuberculosis.

The cancer death rate continues at 1.79 per 1,000 of population and the deaths from cancer are analysed below :—

Age Distribution.				M.	F.	Total.
0—15 years	1	1
15—25 years	—	—
25—45 years	4	8
45—65 years	44	51
65—75 years	31	16
Over 75 years	28	22
					108	98
						206

Sites of the Disease.

Larynx	....	....	....	....	1	1	2
Tongue	....	....	....	....	3	1	4
Jaw	....	....	....	....	2	—	2
Oesophagus	....	....	....	....	7	1	8
Stomach	....	....	....	....	19	23	42
Intestine	....	....	....	....	1	—	1
Colon or caecum	....	....	....	....	14	15	29
Rectum	....	....	....	....	6	3	9
Liver	....	....	....	....	5	2	7
Pancreas	....	....	....	....	—	6	6
Lung, bronchus	....	....	....	....	23	8	31
Uterus	....	....	....	....	—	13	13
Ovary	....	....	....	....	—	1	1
Bladder	....	....	....	....	5	—	5
Prostate	....	....	....	....	7	—	7
Kidney	....	....	....	....	1	1	2
Breast	....	....	....	....	—	18	18
Brain	....	....	....	....	1	—	1
Other and unspecified sites	....	....	....	....	13	5	18

F. Ward Statistics.

It is not possible to give an accurate estimate of the vital statistics of the 10 wards of the Borough.

G. Statistical Rates for the last Ten Years.

	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942
Population ..	114700	115500	114910	115100	113580	112210	105560	104446	103500	105000
Births—										
Uncorrected Number ..	2392	2338	2330	2514	2744	2533	2010	2127	1692	1585
Net Number ..	2185	2117	2265	2439	2756	2614	2097	2219	1917	1835
Birth rate per 1000 populatn ..	19.0	18.3	19.7	21.1	24.2	23.3	19.9	21.2	18.5	17.4
Deaths.										
Registered ..	1554	1502	1497	1270	1398	1308	1308	1375	1409	1342
Crude Rate ..	13.5	13.0	13.0	11.0	12.3	11.6	12.3	13.1	13.5	12.7
Transfer, out ..	182	188	159	66	48	55	63	86	56	58
,, in ..	148	144	106	112	123	133	121	145	148	162
Net Number ..	1520	1458	1444	1316	1473	1386	1366	1434	1503	1446
Death rate per 1,000 ..	13.2	12.6	12.5	11.4	12.9	12.3	12.9	13.7	14.5	13.7
Infantile Mortality										
Deaths ..	96	101	110	96	152	147	118	120	148	126
Rate per 1000 live births ..	43.9	47.7	48.0	39.0	55.0	56.0	56.0	54.0	77.0	68.0
Maternal Death Rate per 1000 total births ..	1.34	0.46	Nil	0.8	0.35	1.48	2.31	3.93	3.05	2.63
Tuberculosis Death rate ..	0.5	0.64	0.87	1.01	0.96	0.85	1.18	1.38	1.21	1.20
Zymotic Death Rate ..	0.06	0.17	0.17	0.14	0.33	0.22	0.18	0.31	0.54	0.25
Cancer Death Rate ..	1.79	1.93	1.89	1.7	1.78	1.6	1.88	1.80	1.85	1.64

PART II.—HEALTH SERVICES OF THE AREA.

The local hospitals which were with one exception formerly the property of the Local Authority, have continued to be busy during 1951, serving an area almost as populous as the Borough around its boundary. The shortages of accommodation that developed, so far as Gateshead patients were concerned, were beds for the acute emergencies, especially surgical beds for orthopaedic work, beds for the chronic medical cases and beds for pulmonary tuberculosis. It appeared also that St. Mary's Hospital, Stannington, which continues to serve Gateshead, was under stress, but was fortunately able to cope with the Gateshead demands. The accommodation for mental defectives is, however, grievously short over the whole region, and there is a waiting list of defectives, some of whom are urgently requiring institutional care.

County Borough of Gateshead
BIRTH RATES per 1,000 population
1871 - 1951

AVERAGE BIRTH RATES

1871-1880	45.3	1881-1890	38.6	1891-1900	36.0	1901-1910	34.8	1911-1920	28.7	1921-1930	24.0	1931-1940	18.1	1941-1950	20.1
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Rate per
1,000



County Borough of Gateshead
DEATH RATE per 1,000 population
(at all ages and from all causes)
1871 - 1951

AVERAGE DEATH RATES

1871-1880	26.1	1881-1890	21.3	1891-1900	19.4	1901-1910	17.4	1911-1920	16.9	1921-1930	13.7	1931-1940	13.1	1941-1950	13.1
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Rate per
1,000



Developments in process at the end of the year promised to solve some of the difficulties. The large block of approximately 60 beds at Bensham Hospital, which had been out of action, was undergoing complete re-adaptation, and was almost ready for opening as an acute medical and surgical block, which it was hoped would relieve the position for both the acute and chronic conditions noted above. It was decided that a pavilion ward at Sheriff Hill Hospital, which had been only half used for the treatment of tubercular meningitis, should be re-opened as a unit for pulmonary tuberculosis, so as to house the patients occupying two wards at Bensham Hospital, the latter being liberated as accommodation for the chronic sick. With these changes, the beds in the area will be everywhere in full use, and it is hoped that the urgent local problems will be fully overcome. The steps in process elsewhere in the region are intended to make available additional accommodation for phthisis and for mental deficiency.

The specialists of the local hospitals continue to maintain an effective liaison with the local authority health services. In particular, the local authority health centre has been let for the requisite number of sessions to enable efficient antenatal care being given to the expectant mothers booked for hospital confinement. The orthopaedic specialist continues to run the regular clinic service for children of school age and under. The dermatologist has held regular clinics to assist in the treatment of the skin diseases of children, and in particular of ringworm.

The medical superintendents of the mental hospital and of the mental deficiency institutions serving the Borough hold regular sessions with the duly authorised officers, giving professional guidance in the cases presenting difficulty. The venereologist from the Newcastle General Hospital has carried out the specific treatment at the health centre of expectant mothers who had difficulty in attending the appropriate clinic. The outstanding needs, from the point of view of the Local Authority, are the services of a consultant throat and nose surgeon and a child guidance psychiatrist.

Relations between the three authorities administering their respective sections of the National Health Service continue to be excellent, the local authority being well represented on the other two bodies. Regular meetings take place between the officers of the Regional Hospital Board and the medical officers of Local Authorities. At these liaison meetings, the principal officer of the Ministry of Health also attends to give guidance on matters of common concern or difficulty.

A. Hospital and Specialist Services.

(Part II of the National Health Service Act, 1946).

The following list gives the names of the hospitals used for Gateshead residents, together with the number of admissions in 1951, where known:-

<i>Hospital.</i>	<i>Gateshead admissions during 1951</i>	<i>Hospital Management Committee.</i>
Bensham General Hospital	2,018	Gateshead District H.M.C.
Queen Elizabeth Hospital	2,945	do.
Sheriff Hill I.D. Hospital	579	do.
Whickham and District War Memorial Hospital	191	do.
Gateshead Children's Hospital	870	do.
Whinney House Hospital	120	do.
Norman's Riding Hospital	31	do.
<i>Clinics :</i> Chest, Gateshead Chest, Whickham		
Newcastle General Hospital	366	Newcastle upon Tyne H.M.C.
Hospital for Sick Children (Fleming Memorial)	123	do.
Eye Hospital	78	do.
Ear, Nose and Throat Hospital	165	do.
W. J. Sanderson Orthopaedic Hospital	5	do.
Walker Gate Hospital	69	do.
Town Moor I.D. Hospital (not in use)		
Royal Victoria Infirmary	905	Newcastle upon Tyne United Hospitals Board of Governors.
Princess Mary Maternity Hospital, Newcastle	37	do.
<i>Mental Hospitals and Institutions.</i>		
St. Mary's Hospital, Stannington	165	St. Mary's H.M.C.
Prudhoe and Monkton Hospital	9	
(1 female admitted to Bensham Hospital and 1 female removed from St. Mary's Hospital to Rampton Hospital)		
<i>Other Hospitals.</i>		
Poole Sanatorium	25	Cleveland H.M.C.
Stannington Children's Sanatorium	11	Wansbeck H.M.C.
Wallsend I.D. Hospital	9	South East Northumberland H.M.C.
Earl's House Sanatorium	1	Durham H.M.C.
Shotley Bridge	127	North West Durham H.M.C.
Boldon Sanatorium	2	Sunderland Area H.M.C.

2. Bacteriology.

(Public Health Laboratory Service of the Medical Research Council).

The bulk of the bacteriological work relating to the public health of Gateshead is carried out at the Blakelaw Laboratory, Ponteland Road, Newcastle, under the supervision of Dr. R. Norton. The exceptional work connected with the detection and control of venereal diseases in Gateshead patients is carried out at the laboratory within the Newcastle General Hospital, under the control of Dr. A. Messer.

(a) Prevention and Treatment of Disease.

Throat swabs for organisms ....	....	....	....	....	337
Nasal swabs ....	....	....	....	....	38
Sputa for tubercle bacilli ....	....	....	....	....	2371
Other specimens for tubercle bacilli ....	....	....	....	....	591
Eye smears for gonococci ....	....	....	....	....	31
Faeces for pathogenic organisms ....	....	....	....	....	2344

Urine for organisms .....	.....	.....	.....	.....	860
Cerebro-spinal fluid for organisms .....	.....	.....	.....	.....	27
Blood for Widal test .....	.....	.....	.....	.....	55
Miscellaneous .....	.....	.....	.....	.....	697
					7351

(b) **Milk.**

T.T. Milk .....	.....	.....	.....	.....	10
Accredited Milk .....	.....	.....	.....	.....	6
Pasteurised Milk .....	.....	.....	.....	.....	164
T.T. Pasteurised Milk .....	.....	.....	.....	.....	30
Ordinary Milk .....	.....	.....	.....	.....	18
Milk for tubercle bacilli by inoculation .....	.....	.....	.....	.....	28
Milk for Haemolytic Streptococci .....	.....	.....	.....	.....	12
					268

(c) **Water Supply**

12

(d) **Food.**

Jelly .....	.....	.....	.....	.....	1
Jelly Crystals .....	.....	.....	.....	.....	1
Baked beans .....	.....	.....	.....	.....	1
Cooked ham (German) .....	.....	.....	.....	.....	1
Empty container for above Ham .....	.....	.....	.....	.....	1
Beef and Ham Roll .....	.....	.....	.....	.....	1
Pressed beef .....	.....	.....	.....	.....	1
					7

(e) **Control of Venereal Disease.**

(1) **Blood Wassermann Tests :—**

(i) Practitioners .....	.....	.....	.....	.....	18
(ii) Antenatal Clinics .....	.....	.....	.....	.....	1603
(iii) V.D. Clinics .....	.....	.....	.....	.....	1267

(2) **Cerebrospinal fluid :—**

V.D. Clinics .....	.....	.....	.....	.....	50
					2938
Grand Total .....	.....	.....	.....	.....	10576

3. Blood Transfusion Service.

This work is organised through a regional headquarters at a centre in Jesmond Road, Newcastle upon Tyne. Arrangements are in being for the collection of blood from local volunteers, and blood banks are maintained at the Queen Elizabeth Hospital and at Bensham Hospital, along with supplies of plasma for transfusion purposes. Routine blood samples are taken at the local authority and hospital ante-natal clinics and sent to the Blood Transfusion Centre for blood grouping and rhesus testing. In 1951, 1,603 specimens were submitted and the results noted on a card given to each patient. Specimens from women found to be Rh. negative are re-examined at the seventh month of pregnancy and a sample of the husband's blood is also tested. Women showing evidence of antibody formation are admitted to hospital for their confinement.

B. Local Authority Health Services.

(Part III of the National Health Service Act, 1946).

(1) General Remarks.

With the exception of an occupation centre for the training of mentally defective persons under care in their own homes, provision has been made for the full implementation of the proposals made by the Local Authority under the Act. These services have been very fully made use of by the citizens, except in the case of vaccination and immunisation where there is a certain amount of resistance to these preventive measures.

Considerable local criticism was focused on two aspects of the local authority work, the large and costly home help service and the very generous provision of day nursery accommodation. In both these last provisions Gateshead has emerged on comparison as spending more per capita than any other county borough. So far as the home help service is concerned, an attempt has been made to investigate the problem, and the results are detailed under the appropriate section of this report. In connection with the day nurseries, the Local Authority, in providing 330 places, is faced by the fact that it is not allowed by law to charge except for the meals provided in the nurseries. The actual cost of maintaining a child in the nurseries is, of course, considerably bigger than the cost of the meals and the deficit falls on the local rates and on the exchequer grants.

So far as the aged and infirm are concerned, it is very difficult to draw a sharp border-line between the responsibility of the Regional Hospital Board and Management Committee on the one hand, and the Welfare Services Committee on the other. Fortunately, the chronic hospital and the Local Authority hostel services form parts of the one group of buildings and there is a very effective collaboration between the two authorities in the care of the aged persons. In some ways, the influenza epidemic at the beginning of the year afforded a temporary easement to the problems of accommodation, for the victims were mainly among the aged invalids of the area.

(2) Clinics and Welfare Facilities (as at 31st December, 1951).

(1) *Greenesfield Health Centre* :—

School clinic	.....	.....	9 a.m.—9.30 a.m. daily.
			4 p.m. daily—except Saturdays.
Infant Welfare Centre	.....	.....	2 p.m. to 5 p.m.—Tuesday and Thursday.
Ante-natal clinic	.....	.....	2 p.m. to 5 p.m.—Wednesday.
			2 p.m. to 5 p.m.—Friday.
Post-natal clinic	.....	.....	9 a.m. to 12 noon—Friday.
Chest Clinic	.....	.....	9 a.m. to 5 p.m. daily (Saturday open 12 noon only). Also once per month on Wednesday from 5 p.m. to 6.30 p.m.
Dental Clinic	.....	.....	9 a.m. to 5 p.m. daily (by appointment). Saturday—9 a.m. to 12 noon.
Orthopaedic Clinic	.....	.....	Fortnightly by appointment. (orthopaedic treatment by appointment)
Ophthalmic Clinic	.....	.....	Tuesday and Saturday mornings by appointment. (orthoptic treatment daily by appointment)

Dermatology Clinic	.....	.....	Weekly—Saturdays at 10 a.m.
Artificial Sunlight Treatment	.....	.....	Daily by appointment.
Immunisation clinic	.....	.....	Thursday—2 p.m. to 4 p.m.
			Saturday—9 a.m. to 12 noon (school children).
(2) <i>Gateshead District Nurses' Home</i> :—			
Ante-natal clinic	.....	.....	Tuesday—2 p.m. to 4.30 p.m. (District Nurses' cases only).
Post-natal clinic	.....	.....	Friday 2 p.m. to 4.30 p.m. (Monthly, 1st Friday).
(3) <i>Bensham Methodist Church Hall</i> :—			
Infant Welfare Centre	.....	.....	2 p.m. to 5 p.m. Tuesday and Thursday (medical sessions).
Immunisation and Vaccination	.....	.....	2 p.m. to 4 p.m. Tuesday (fortnightly).
(4) <i>Presbyterian Church Hall, Low Fell</i> :—			
Infant Welfare Centre	.....	.....	2 p.m. to 5 p.m.—Mondays and Wednesdays (medical sessions).
Immunisation and Vaccination	.....	.....	Monthly—1st Wednesday—2 p.m. to 4 p.m.
(5) <i>Moore Street Methodist Church Hall</i> :—			
Infant Welfare Centre	.....	.....	2 p.m. to 5 p.m.—Monday (medical session).
Immunisation and Vaccination	.....	.....	Monthly—last Monday—2 p.m. to 4 p.m.
(6) <i>Wrekenton Miners' Welfare Hall</i> :—			
Ante-natal clinic and Infant Welfare Centre	.....	.....	2 p.m. to 5 p.m.—Monday.
Immunisation and Vaccination	.....	.....	Monthly, 1st Monday—2 p.m. to 4 p.m.
(7) <i>Victoria Road Methodist Church Hall</i> :—			
Infant Welfare Centre	.....	.....	2 p.m. to 5 p.m. Friday.
Immunisation and Vaccination	.....	.....	Monthly, 1st Friday—2 p.m. to 4 p.m.
(8) <i>Carr Hill</i> :—			
Infant Welfare Centre	.....	.....	Wednesday—2 p.m. to 5 p.m.
Immunisation and Vaccination	.....	.....	Monthly, 1st Wednesday—2 p.m. to 4 p.m.
(9) <i>Lobley Hill, Beechwood Avenue, Methodist Church Hall</i> :—			
Infant Welfare Centre	.....	.....	Thursday—2 p.m. to 5 p.m.
Immunisation and Vaccination	.....	.....	Monthly, 1st Thursday—2 p.m. to 4 p.m.
(10) <i>Queen Elizabeth Hospital</i> : (Patients seen by appointment only) :—			
Consultations with Visiting Surgeons	.....	.....	Monday 9 a.m., Tuesday 1.30 p.m., Wednesday 9 a.m., Thursday 9 a.m., Friday 9 a.m., Saturday 9 a.m.
Consultations with Visiting Physicians	.....	.....	Tuesday 9.30 a.m., and 2.30 p.m., Friday 9.30 a.m.
Orthopaedic Clinic	.....	.....	Monday 2—5 p.m., Tuesday 9—12 noon (fracture clinic), Wednesday 10.15 a.m.—1 p.m.
Gynaecological Clinic	.....	.....	Tuesday 2.15 p.m.—4 p.m.
Ante-natal clinic	.....	.....	Thursday 2—4 p.m.
Post-natal clinic	.....	.....	Wednesday 1—4 p.m.
Dermatological clinic	.....	.....	Wednesday 11 a.m.—12.30 p.m.
Diabetic clinic	.....	.....	Monday 2—4 p.m., Friday 2—4 p.m. 9 a.m.—12 noon Monday.
(11) <i>Out-Post Clinics of Queen Elizabeth Hospital</i> :—			
Greenesfield Health Centre	.....	.....	Monday p.m., Tuesday a.m., Thursday a.m. (Ante-natal cases only).

(3) **Maternity and Child Welfare.** (Report by Dr. M. B. Herbst).(a) **Births.**

There were 2,185 live births registered during 1951. Of the total live births, 1,133 were males and 1,052 females. This represents a birth rate of 19.0 per 1,000 of the population, showing an increase of .5 per 1,000 from 1950. 63 births (30 males and 33 females) or 2.9 per cent were illegitimate

	<i>Attended by</i>	<i>No of live births.</i>	<i>No. of still births.</i>
Doctors	429	5
Midwives	545	11
Princess Mary Maternity Hospital :—			
(a) In wards	35	1
(b) At home	2	—
Bensham Hospital	453	6
Queen Elizabeth Hospital	670	16
Craigielea Nursing Home	10	—
Other Nursing Homes	41	1

In 403 of the doctors' cases a registered midwife was in attendance as a maternity nurse.

Stillbirths.

There were 41 stillbirths during the year ; of these 18 were males and 23 females.

(b) **Infantile Mortality.**

There were 96 deaths among infants under the age of one year, giving an infantile mortality rate of 43.9, which is four less than last year.

54 infants, or 56 per cent of the total deaths, died under the age of one month, 38 being during the first week. Of these, 16 were due to premature birth.

The neo-natal death rates in the various wards in the borough is of interest :—

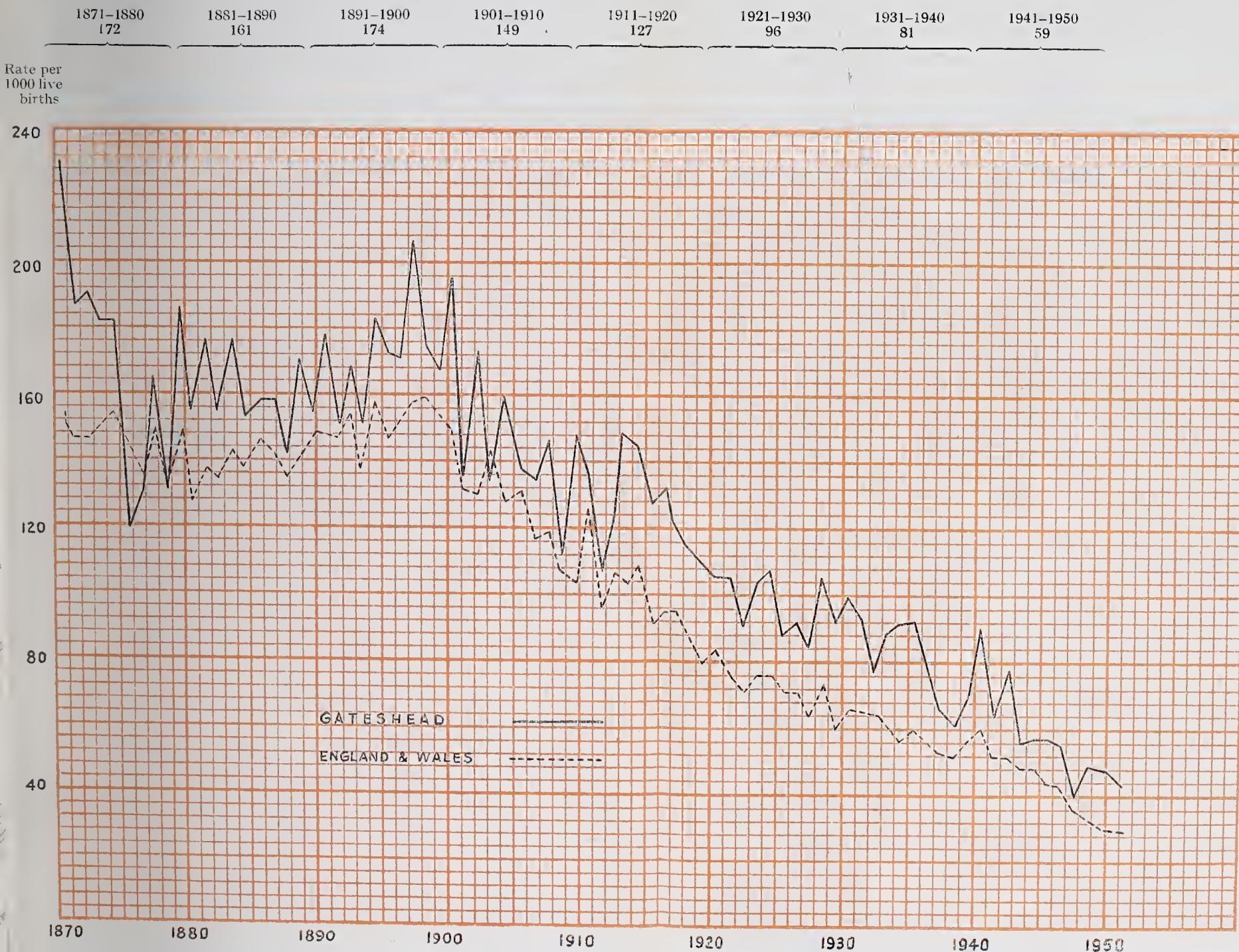
N.E.	—	48.4	E.C.	....	21.1
N.	—	43.0	W.C.	....	17.5
N.W.	....	31.6	S.	....	15.7
C.	....	25.5	E.	....	10.5
W.	....	24.3	S.C.	....	9.2

The south central ward was the only one entirely free from deaths due to prematurity : the causes of prematurity are being given careful study at the present time and it is thought that the question of nutrition in the mothers is one of the chief factors in its causation, when it is not associated with a twin pregnancy.

The number of premature births in each ward was as follows :—

County Borough of Gateshead
 INFANTILE MORTALITY per 1,000 live births
 1871 - 1951

AVERAGE INFANTILE MORTALITY RATES



		Total births.	Percentage of Premature births.
N.E.	15	165	9.0
N.	21	209	10.0
N.W.	21	316	6.6
C.	6	196	3.0
W.	17	246	6.9
E.C.	7	236	2.5
W.C.	7	171	4.0
S.	19	254	7.4
E.	20	285	7.0
S.C.	6	107	5.6

There were 42 deaths among babies over the age of one month. Bronchitis and pneumonia caused the majority of the deaths. There was a marked decrease in the number of deaths due to enteritis.

INFANTILE MORTALITY DURING THE YEAR 1951.

Nett Deaths from Stated Causes at Various Ages under 1 year of Age.

Cause of death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total deaths under 1 year			
										M.	F.	T.	
All causes	Certified	38	7	7	2	54	11	14	4	7	44	46	90
	Uncertified	—	—	—	—	—	4	1	—	1	4	2	6
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken pox	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	1	—	1	1
Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria & Croup	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	1	1	—	1	1	2	3
Ac. Inf. encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—
Other T.B. Diseases	—	—	—	—	—	—	—	—	1	—	1	—	1
Meningitis—not T.B.	—	—	—	—	—	—	1	—	2	—	1	2	3
Convulsions	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza	—	1	—	—	—	1	1	—	—	—	2	2	2
Bronchitis	—	—	—	—	—	—	1	1	—	—	1	1	2
Pneumonia	1	—	1	1	3	7	5	2	—	12	5	17	—
Other diseases of Respiratory system	—	—	—	1	1	—	—	—	—	—	—	1	1
Diarrhoea	—	—	1	—	1	—	—	—	—	1	—	1	1
Gastritis	—	—	—	1	—	—	—	—	—	1	—	1	1
Enteritis	—	—	—	—	—	—	3	—	1	2	2	4	—
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—
Injury at birth	—	—	—	—	—	—	—	—	—	—	—	—	—
Atelectasis	1	1	—	—	2	—	—	—	—	—	2	—	2
Congenital defects	10	1	2	—	13	2	2	—	—	1	9	9	18
Premature birth	16	3	3	—	22	—	—	—	—	—	16	6	22
Haemolytic disease	2	—	—	—	2	—	—	—	—	—	1	1	2
Haemorrhagic dis.	4	—	—	—	4	—	—	—	—	—	—	4	4
Cerebral oedema	—	—	—	—	—	1	—	—	—	—	1	1	1
Miscellaneous	4	1	—	—	5	1	3	1	1	1	10	11	—
Totals	38	7	7	2	54	15	15	4	8	48	48	96	—

(c) Child Welfare Clinics.

Centre	No. of sessions	First visits of children 1—5 years	Revisits of infants	First visits of children 1—5 years	Revisits of Children 1—5 years
Greenesfield	97	293	1660	249	1122
Bensham	97	371	3299	242	1751
Moore Street	49	195	1217	126	606
Low Fell	99	180	2356	138	1581
Victoria Road	51	134	939	84	757
Wrekenton	49	86	728	74	518
Lobley Hill	49	96	880	103	759
Carr Hill	50	111	929	82	796
Totals	541	1466	12008	1098	7890

	No. of Attendances	Average Attendance at Doctors' Sessions	Infant Examinations by Medical officer	Average No. of Consultations per Session
Greenesfield	3324	34.27	1345	14.1
Bensham	5663	58.4	1728	18.1
Moore Street	2144	43.7	547	14.0
Low Fell	4255	43.	1023	11.9
Victoria Road	1915	37.5	545	13.6
Wrekenton	1406	28.6	459	12.4
Lobley Hill	1838	37.5	423	11.5
Carr Hill	1918	38.3	404	10.6
Totals	22463	41.5	6474	12.0

Treatment.

During the year 602 children were referred to the minor ailments' clinic, and made 1,424 attendances.

The conditions treated were as follows :—

Ringworm—Head	—	Conjunctivitis	35
Body	4	Other Eye Conditions	37
Scabies	3	Otitis Media	40
Impetigo	32	Other Ear Conditions	12
Septic sores	12	Throat and Nose conditions	31
Eczema and dermatitis	26	Other defects	189
Other skin conditions	174		
Blepharitis	7		

91 children were referred to the refraction clinic ; the following are the particulars :—

No. of appointments made	91
No. of appointments kept	84
No. for whom spectacles were prescribed	68
No. who obtained spectacles	64

(d) Nursery Schools.

Prior Street and Brighton Avenue Nursery Classes continued to care for a number of children between the ages of 2—5 years. The Bensham Nursery School, which has done good work for many years, was unfortunately burned down during the autumn. About 20 children are now accommodated in the Bensham Settlement.

Priority admission was given to children whose mother was employed or in ill-health. A health visitor makes weekly visits to treat minor ailments and one of the school medical officers makes regular visits to examine the children medically.

(e) Day Nurseries.

The four day nurseries, with a total of 330 places, were full all the year and there are long waiting lists of children awaiting admission at each nursery.

Priority is given to the children of widows or others who must have regular work in order to maintain their homes.

The children were examined medically and dentally during the year. On the whole very few defects were found.

The following is a list of the infectious diseases which have occurred in the nurseries during the year :—

Measles	103	Scarlet fever	2
Chickenpox	60	Mumps	36
Whooping cough	20	Dysentery	48

(f) Milk and other Foods sold during 1951.

4,043 pkts of dried milk, 1,561 half pounds of Virol, 312 half pounds of Numol, 252 pounds of Malt and Oil, 1,149 tins of Maltoline, 541 tins of Ovaltine, 217 jars of Vimaltol, 43 tins of Groats, 33 pkts of Barley, 253 pkts of Robrex, 244 pkts Scott's Baby Cereal, 436 pkts of Weaning Foods, 1,700 bottles of Adexolin.

Receipts amounted to £950 1s. 1d., against a cost of £950 1s. 1d.

(g) Care of Premature Infants.

During the year, 139 premature infants were born alive to Gateshead mothers. The particulars were as follows :—

Place of birth	No. of births	Deaths under 24 hours	Deaths under 28 days	Alive
At Home	49	8	5	36
Queen Elizabeth Hospital	53	3	6	44
Bensham Hospital	33	3	—	30
Princess Mary Hospital	4	—	1	3
	139	14	12	113

Of the 49 premature infants who were born at home, the following are the particulars :—

Weight at birth	Total	Died under 24 hours	Died under 28 days	Alive
2 lbs. 3 ozs or less :— 1000 gms or less	2	2	—	—
Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs. 1000 gms—1500 gms	7	3	2	2
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. over 1500 gms—2000 gms	10	1	2	7
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. over 2000 gms—2250 gms	17	2	1	14
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. over 2250 gms—2500 gms	13	—	—	13
Totals	49	8	5	36

The whole-time premature baby nurse paid 1,212 visits during the year, and the part-time nurse paid 415 visits, making in all 1,627 visits.

This service has been a means of saving the lives of some of the small infants, and is greatly appreciated by the mothers.

Cots, blankets, hot water bottles, etc. were lent to the parents on 18 occasions.

(h) Care of Illegitimate Children.

There were 63 illegitimate live births in the Borough in 1951, 30 males and 33 females.

The following is a summary of the particulars of these :—

Total No. of children	Living with mother or near relative.	Child adopted	Left the district	Dead	Children living with mother or near relative.	
					Children well cared for in good home	Home conditions poor but child thriving.
63	54	2	5	2	36	18

There is one voluntary organisation for rescue and moral welfare in Gateshead, the St. Faith's Home, in which expectant mothers are received from various parts of the country.

Arrangements are also made through the Health Department for girls to be received in homes out of the town and payment is made for them by the Local Authority. Under these arrangements, 3 girls were paid for at the Brettagh Holt Maternity Home, Kendal.

The mothers accommodated at St. Faith's Home attend the Hospital ante-natal clinic, and arrangements are made for them to be confined in the Bensham General Hospital, St. Monica's Home, Bishop Auckland, or at Hopedene, Newcastle upon Tyne.

It will be seen that in Gateshead a large proportion of the illegitimate children remain at home and are looked after by their mother or relatives.

(i) Ophthalmia Neonatorum.

There were 2 cases notified during the year, both were treated at home and made a good recovery. The vision was unimpaired in both cases.

(j) Ultra-violet Ray Therapy.

101 new cases and 136 old cases attended the clinic for treatment and made 1,172 attendances. They were treated for the following defects:—

Rickets	Anorexia
Anaemia	Adenitis
Debility and not gaining weight	Nasal Catarrh
Sub-normal nutrition	Urticaria
Bronchitis	

80 completed the treatment and they were all improved.

(k) Hospital Treatment for Ailing Children.

Such children belonging to the Borough are usually referred to the following hospitals:—

The Children's Hospital, Gateshead.
 The Children's Department of the Royal Victoria Infirmary, Newcastle.
 The Queen Elizabeth Hospital, Gateshead.
 The Fleming Memorial Hospital, Newcastle.

It is the custom of Gateshead hospitals to forward to the Health Department copies of the discharge letter sent to the patient's own doctor, but the same practice is not followed in other hospitals to which children are admitted.

(l) Exceptional Children.

The following list of special cases among children under 5 years receive extra attention from the health visitors, who see that treatment is obtained where necessary.

At the age of two years, the names of the children, among these cases, who are likely to require special educational facilities, are passed on to the school medical service, so that suitable arrangements can be made as early as possible.

Congenital defects .....	.....	.....	34
Orthopaedic cases .....	.....	.....	130
Deaf or Deaf and Dumb .....	.....	.....	8
Speech defects .....	.....	.....	27
Hare lip or cleft palate .....	.....	.....	15
Mentally retarded .....	.....	.....	37
Eye defects .....	.....	.....	165
Miscellaneous .....	.....	.....	61
			477

The congenital defects comprised :—

Imperforate anus .....	.....	.....	1
Spina bifida .....	.....	.....	3
Hypospadias .....	.....	.....	3
Achondroplasia .....	.....	.....	1
Congenital heart disease .....	.....	.....	12
Congenital amputation .....	.....	.....	3
Defective hands .....	.....	.....	3
Minor malformations .....	.....	.....	8

Orthopaedic Cases.

Talipes .....	.....	.....	25
Erb's paralysis .....	.....	.....	1
Deformity of leg .....	.....	.....	3
,, ,, hands .....	.....	.....	3
,, ,, knee .....	.....	.....	1
,, ,, feet .....	.....	.....	2
Spastic paralysis .....	.....	.....	4
Genu Valgum .....	.....	.....	22
Genu Varum .....	.....	.....	23
Flat Feet .....	.....	.....	19
Paralysis of face .....	.....	.....	1
Birth injury to clavicle .....	.....	.....	1
Congenital dislocation of hip .....	.....	.....	2
Torticollis .....	.....	.....	6
Infantile paralysis sequelae .....	.....	.....	15
Rickets .....	.....	.....	2

Mentally retarded.

Mongols .....	.....	.....	8
Epilepsy .....	.....	.....	7
Backward .....	.....	.....	20
Mentally retarded and partially blind .....	.....	.....	2

Miscellaneous.

Tuberculosis lungs .....	.....	.....	13
,, knee .....	.....	.....	1
,, bowels .....	.....	.....	1
,, glands of neck .....	.....	.....	2
Sequelae of T.B. Meningitis .....	.....	.....	3
Miliary tuberculosis .....	.....	.....	1
Asthma .....	.....	.....	4
Bronchiectasis .....	.....	.....	1

Pancreatitis .....	....	....	....	1
Coeliac disease .....	....	....	....	3
Eczema .....	....	....	....	9
Delicate .....	....	....	....	5
Osteitis of clavicle .....	....	....	....	1
Colostomy .....	....	....	....	1
Rickets .....	....	....	....	5
Congenital cystic dis. of lungs .....	....	....	....	1
Fits .....	....	....	....	1
Enlarged liver .....	....	....	....	1
Cerebral tumour .....	....	....	....	1
Hernia .....	....	....	....	1
Diseased kidneys .....	....	....	....	1
Paralysis of face .....	....	....	....	1
Growth on nose .....	....	....	....	1
Deformed skull .....	....	....	....	1
Purpura .....	....	....	....	1

Eye Defects.

Strabismus .....	....	....	....	153
Ptosis .....	....	....	....	3
Conjunctivitis .....	....	....	....	2
Congenital cataracts .....	....	....	....	1
Blocked lachrymal duct .....	....	....	....	1
Blind .....	....	....	....	1
Nystagmus .....	....	....	....	2
High degree of myopia .....	....	....	....	1
Defective left eye .....	....	....	....	1

(4) Midwifery Service.

(a) Midwives.

53 midwives notified their intention to practise midwifery in the Borough. They were distributed as follows :—

Municipal midwives .....	....	....	14
District Nurses Home .....	....	....	11
Private .....	....	....	3
Queen Elizabeth Hospital .....	....	....	11
Bensham Hospital .....	....	....	12
Princess Mary Maternity Hospital .....	....	....	2

The following is a summary of the work of the Supervisor of Midwives, Mrs. M. A. Bolam :—

Routine visits to midwives .....	....	....	65
Special .....	....	....	32
Visits to still births .....	....	....	43
Visits after neo-natal deaths .....	....	....	41
Nursings and deliveries supervised .....	....	....	20
Visits to cases of ophthalmia neonatorum .....	....	....	1
Visits to premature babies .....	....	....	163
Special visits .....	....	....	105
Unsuccessful visits .....	....	....	106
Routine interviews with midwives .....	....	....	483
Attendances at ante-natal clinics .....	....	....	89
Visits to puerperal pyrexia .....	....	....	9

The routine visits to midwives were paid to those practising domiciliary midwifery and inspections were made of their register of cases,

temperature charts, ante-natal records, bags and appliances. At the end of the year, there were 11 full-time midwives on the staff and one premature baby nurse. At the District Nurses' Home, there were one assistant superintendent, 4 midwives and 2 pupil midwives.

(b) Ante-Natal Care.

Summary of Work at Clinics.

The following is a summary of the attendances at the various clinics:—

Centre	No. of sessions	No. of 1st visits	No. of revisits	Total attendances	Average per session
Greenesfield District Nurses' Home	102	415	936	1351	13.2
	47	199	184	383	8.1
Totals	149	614	1120	1734	—

10 mothers were advised to consult their own doctors and 8 were sent to the Queen Elizabeth Hospital. Blood was taken for routine Wassermann and Rhesus test at the municipal clinics and at the Queen Elizabeth Hospital. In all, 1,603 specimens were tested and 8 women were found to have a positive Wassermann reaction.

(c) Maternal Welfare.

Maternal Mortality.

There were three deaths associated with pregnancy during the year.

The following are the particulars :—

Case	Age	Cause of Death
1	43	Haemorrhage following an abortion associated with placenta praevia, there being no definite evidence of criminal interference (Inquest) P.M.
2	44	Eclampsia, pregnancy (26 weeks) P.M. (Home booked case sent to hospital)
3	21	Ia. Acute pulmonary oedema b. Cardiac failure c. Pre-eclamptic toxæmia II Mitral stenosis. Premature delivery of twins. 1st living, 2nd stillborn. (Hospital booked case)

(d) Puerperal Pyrexia.

The following is an analysis of the cases notified under the regulations :—

Case No.	Attend- ance	Removed to hosp.	End result	Remarks.
1	Hospital	—	Cured	Precipitate delivery : well until 10th day : Left breast flushed : Temp.—102° F. Mastitis.
2	Hospital	—	Cured	Hypertension : Surgical induction at 38 weeks. Rise of temp. due to influenza.
3	Hospital	—	Cured	Normal delivery : episiotomy. 2nd day rise of temp : basal pneumonia.
4	Midwife	No	Cured	Normal delivery : perineum sutured. Rise in temp : Rt. breast flushed : Mastitis.
5	Midwife	No	Cured	Normal delivery : Rise of temp. Perineal abscess.
6	Midwife	Yes	Cured	B.B.A. Post-partum haemorrhage : Rise of temp. 8th day. Removed to hospital. Offensive lochia.
7	Hospital	—	Cured	Vomiting throughout pregnancy : Jaundice, 7 days before delivery. Normal delivery. Pyrexia 4th day. Pyelitis.
8	Hospital	—	Cured	Normal delivery : Pyrexia 5th day. Infected atelectasis left lung.
9	Hospital	—	Cured	Forceps delivery : Pyrexia 2nd day : pneumonia.

(e) **Emergency Cases.**

In 147 cases, where a doctor was not previously engaged, medical aid was called by the midwife for the mother, infant or both.

In 116 cases, the medical aid was for the mother for the following emergencies :—

		Doctors called by		
		Municipal midwives	D.N.A. midwives	Other midwives
Lacerated perineum	...	30	25	—
Prolonged labour	...	8	3	—
Uterine inertia	...	3	1	—
Malpresentation	...	4	1	—
Ante-partum haemorrhage	...	6	—	—
Post-partum haemorrhage	...	6	1	—
Retained placenta	...	3	1	—
Abortion and threatened abortion	...	1	2	—
Prematurity	...	—	1	—
Disproportion	...	1	—	—
Rise of blood pressure	...	—	2	—
Toxaemia	...	—	2	—
Mastitis	...	2	—	—
Phlebitis	...	1	—	—
Severe pain in back and abdomen	...	3	1	—
Oedema feet and legs	...	2	—	—
Unsatisfactory condition of mother	...	—	1	—
Vomiting	...	1	—	—
Hysteria	...	1	—	—
Pain in legs	...	3	—	—
Totals	...	75	41	—

In 31 instances the medical aid was for the infant :—

	<i>Municipal midwives</i>	<i>D.N.A. midwives</i>	<i>Other midwives</i>
Dangerous feebleness of infant	—	3	—
Discharging eyes	7	3	—
Jaundice	1	—	—
Bronchitis	—	1	—
Foetal distress	—	1	—
Talipes	2	—	—
Phimosis	1	—	—
Swelling pubic region	1	—	—
Tongue tie	1	—	—
White asphyxia	1	—	—
Cyanosis	3	1	—
Hare lip and cleft palate	1	—	—
Spina bifida	1	—	—
Vomiting	1	—	—
Abnormality of cord	—	1	—
Deformity of hand	—	1	—
 Totals	20	11	—

(f) Hospital Accommodation for Maternity Cases.

The following is a summary of the Gateshead cases admitted to the Princess Mary Maternity Hospital during the year :—

Live births	35
Still births	1

Of the 36 births, 31 were delivered normally, 3 by Caesarean Section and 2 by forceps.

There were 459 births to Gateshead mothers in the Bensham General Hospital, and 686 births in the maternity unit of the Queen Elizabeth Hospital.

(g) Nursing Home.

A nursing home situated at Craigielea, Low Fell, is registered to take 8 maternity cases. During the year, 13 cases were delivered in the home. 10 of these were Gateshead patients.

(h) Consultant Aid for Emergency Cases.

During 1951, the emergency teams, provided by the hospital boards, were called out on one occasion.

(i) Midwifery Outfits.

Midwifery outfits containing clothing and bed linen necessary for both mother and infant are loaned out from the antenatal clinic.

During the year 3 patients availed themselves of these outfits.

(j) Municipal Midwifery Scheme (Midwives Act), 1936.

The following is a summary of the work done by the municipal midwives :—

Midwife	No. of cases		No. of morning visits	No. of evening visits	Ante-natal visits
	Attended as midwife	Attended as Mat. nurse			
1	39	9	650	106	250
2	27	34	824	161	271
3	25	40	782	157	249
4	48	11	905	166	253
5	34	52	1023	195	330
6	9	9	211	48	31
7	9	7	227	65	54
8	28	28	752	136	216
9	49	4	615	130	246
10	23	28	799	200	287
11	11	5	177	43	27
12	45	21	705	182	286
13	43	14	763	151	216
14	46	2	872	175	225
Total	436	264	9305	1915	2941

Gas and air analgesia was administered to 176 mothers by the municipal midwives, and 154 mothers by the district nurse midwives.

The district nurse midwives are not booked individually, but take the cases in turn. The following is a summary of the work done by them :—

No. of cases		No. of morning visits	No. of evening visits	Ante-natal visits
Attended as midwife	Attended as maternity nurse			
137	143	4117	954	1717

The following is a synopsis of the above cases :—

	No. of cases	Live births	Still births	Mis-carriages	Sent to hospital	Maternal deaths
Municipal midwives	700	670	9	5	16	—
District nurse midwives	296	263	2	15	1	—
Totals	996	933	11	20	17	—

There were 3 cases of puerperal pyrexia among the above.

In 147 cases, where a doctor was not previously engaged, medical aid was called by the municipal midwives or district nurse midwives, for the mother, infant or both.

(k) Post-Natal Clinic.

This clinic is held at the Greenesfield Health Centre on Friday mornings.

During the year, 51 sessions were held and 72 mothers attended for the first time, and made a total of 91 attendances.

The following conditions were noted :—

Anaemia	.....	1	Slight prolapse of uterus	.....	1
Cystitis	.....	2	Tumour of breast	.....	1
Thickening posterior vaginal wall	.....	1	Edentulous	.....	1
Cystocele	.....	4	Bronchitis	.....	2
Rectocele	.....	1			

Six weeks after the confinement, all mothers who have been attended by a midwife are sent for to attend at the post-natal clinic. All consultations at this clinic are by appointment in order to eliminate any prolonged waiting on the part of the mothers.

(5) Health Visiting.

Work of Health Visitors.

Summary of Home Visits.

<i>Infants.</i>		<i>At four months.</i>	
Born at full term	2045	Breast fed	577
Prematurely	139	Partially breast fed	77
		Artificially fed	1261

Visits to Infants under 1 year :—

First visits after notification	.....	2187
No. of revisits	.....	8250
Visits to children 1—5 years	.....	19704

Visits to Expectant Mothers :—

First visits	.....	623
No. of revisits	.....	109

Miscellaneous visits.	<i>1st Visits</i>	<i>Revisits</i>	<i>Total</i>
Measles	—	—	1125
Diarrhoea	—	—	5
Whooping cough	—	—	225
Pneumonia	77	7	84
Scabies	—	—	16
Midwives	—	—	—
Pemphigus	—	—	3
Encephalitis	—	—	4
Poliomyelitis	—	—	2
Meningitis	—	—	8
Special cases	—	—	156
Ineffective visits	—	—	5724
Visits to aged and infirm	—	—	26

The total number of visits by health visitors during the year was 38,252.

Staff.

At the end of the year, there were one superintendent health visitor, one senior health visitor 15 district health visitors, 2 tuberculosis nurses, one school nurse and 3 auxiliary assistant nurses.

The number of health visitors is considerably below the standard which we hoped to attain. We are now taking part in a training course for health visitors held at Newcastle upon Tyne and at present have two pupils in training.

HOME HELP SERVICE 1951.

Month	Ante-Natal Cases			Maternity Cases			Acute Cases			Chronic Illness			Tubercular Patients			Total	
	Part time	whole time	Total cases attnd	Part time	whole time	Total cases attnd	Part time	whole time	Total cases attnd	Part time	whole time	Total cases attnd	Part time	whole time	Total cases attnd		
JANUARY	6	—	6	50	22	93	40	6	46	322	191	191	10	—	57	1707	
FEBRUARY	6	—	6	38	—	27	151	35	41	355	173	173	8	1	84	256	
MARCH	2	—	2	19	—	27	194	40	44	342	182	182	8	1	99	1962	
APRIL	3	—	3	25	—	20	159	31	34	257	183	183	—	—	72	264	
MAY	3	—	3	27	—	16	106	39	1	40	309	216	216	9	9	106	1822
JUNE	1	—	1	19	1	12	71	24	1	25	133	232	232	9	9	106	248
JULY	3	—	1	4	16	1	12	13	99	25	45	261	—	11	1	106	284
AUGUST	2	—	2	12	—	11	11	90	6	—	6	84	275	1	—	9	2270
SEPTEMBER	2	—	2	10	—	8	63	7	4	—	4	11	86	273	11	10	31
OCTOBER	3	—	3	6	—	15	146	12	4	—	4	16	101	269	10	9	313
NOVEMBER	2	—	2	14	—	15	15	131	28	—	28	120	271	—	11	11	1730
DECEMBER	4	—	4	29	—	15	15	104	32	2	34	134	280	—	12	11	327
															12	67	345
																	1711

Total individual cases.

18

138

176

491

27

—

850

Total days given

265

1407

2288

17229

1040

—

22229

(6) Domestic Help.

The attached return summarises the work of the Home Help Service in 1951, during which year the staff consisted of one supervisor, one assistant supervisor, 23 permanent female full-time helps, 79 female part-time helps, 5 male full-time helps and 1 seasonal home help, a total of 108. In January, 1951, this number had to be greatly exceeded by the appointment of no less than 33 seasonal home helps to deal with the severe influenza outbreak which caused so much illness in aged people. The staff at the end of 1951, however, is probably equivalent to 80 full-time helps, the permanent part-time helps working either a 24-hour week or a 34-hour week.

Expenditure on this service during the financial year 1951-1952 amounted altogether to £23,975 4s. 5d., and the amount of £971 11s. 7d. was recovered from the recipients. There is a very generous scale of assessment whereby the needy are supplied with home help service free. The Institute of Municipal Treasurers and Accountants published certain statistics regarding the cost of local authority health services in the 83 county boroughs of England and Wales. In regard to the cost of domestic help, Gateshead emerged with the highest nett expenditure per 1,000 population, namely 172s. 9d., the average figure for the remaining county boroughs being 45/-s. When this expenditure was assessed in terms per case, Gateshead emerged as the 6th highest with the figure of £31 6s., against an average for the county boroughs of £17 3s.

Two features of the Gateshead domestic help service are the provision for the tuberculous and the employment of male home helps. The home helps serving tuberculous households are selected from volunteers who are specially examined by the chest physician, and are given a special period of leave of absence on the conclusion of three months tour of duty. Male home helps are mainly used in the case of old men who are living alone. They have given satisfaction to the latter, and from the local authority point of view are among the most reliable workers.

It will be noted from the return of the work of the service that chronic illness accounts for three quarters of the work of this service and is the main reason why the receipts for the services are so low in comparison to the expenditure. A large number of the cases receiving this type of assistance go on to the books and remain there until they are permanently hospitalised or until death.

To provide a picture of this position, an attempt has been made to analyse the circumstances of some 272 households affected by chronic illness and which were receiving this form of assistance at the end of 1951.

Table I. Households Receiving Domestic Help due to Chronic Illness.

	Single persons	Widows	Widowers	Married couples	Total
A. With no relatives in household	19	98	8	62	187
B. With healthy relative in household	5	20	—	34	59
C. With sick relative in household	5	12	2	7	26
Totals	29	130	10	103	272

Households where A or C above apply.

With relatives in district	8	51	4	39	102
With no relatives in district	16	59	6	30	111

Reference to the above table shows the problem to be one of the loneliness of the aged and afflicted. In only 59 of the 272 households was there a healthy relative, and the reason why the relative could not undertake the care was the necessity for him or her to earn an income to support the household. In most cases the healthy relative was a son or a daughter and in the case of the single persons, a brother or sister. Often in the households other relatives might be ill to the degree that they could not give the necessary care to the household duties. The possibility of help being obtained from relatives living reasonably near was explored, and the results show that in half of these cases there was no possibility of assistance. Where there were relatives in the district, these had their own responsibilities, their own households and families, often with very young children, and were quite unable to assist.

Table II. Age Distribution of Patients for whom Domestic Help is mainly Provided.

	Years								Total
	20	30	40	50	60	70	80	90	
Single persons	—	—	2	4	4	8	10	1	29
Widows	—	—	5	7	14	68	34	2	130
Widowers	—	—	—	—	1	5	4	—	10
Married couples	—	9	13	12	15	40	14	—	103
Totals	—	9	20	23	34	121	62	3	272

This tabulation further illustrates the problem with which Gateshead is confronted. 186 out of 272 patients who were helped by this service were over 70 years of age, a proportion which is fairly constant except in the case of married couples where one of the pair presumably remains active in the household. One-fifth of those receiving help belong to the age groups below 60, but the proportion is higher in the case of married couples and lower in the case of widows.

A final enquiry was made referring to the age of the patient and the type of disability in the affected households, and the analysis is reproduced

Table III. Age and Disability of Persons in Households Receiving Domestic Help for Chronic Illness.

		Years									
		20	30	40	50	60	70	80	90	Total	
Senility	Bedfast	—	—	—	—	—	2	6	1	9	61
	Ambulatory	—	—	—	—	—	23	28	1	52	
Post-operation	Bedfast	—	—	1	—	—	—	1	—	2	12
	Ambulatory	—	—	1	—	1	7	1	—	10	
Chronic Bronchitis & Asthma	—	—	2	1	1	31	7	—	—	42	42
	—	—	1	4	2	7	1	—	—	15	
Arthritis	Bedfast	—	—	2	2	—	4	23	7	1	54
	Ambulatory	—	—	2	2	—	—	—	—	39	
Pulmonary T.B.	Bedfast	—	—	1	1	—	—	—	—	2	13
	Ambulatory	—	—	2	8	—	1	—	—	11	
Cancer & Tumours	—	—	—	—	2	2	1	1	—	6	16
	Inoperable	Bedfast	—	—	1	—	5	3	1	—	
Post-operative	Post-operative	Bedfast	—	—	1	—	—	—	—	10	16
	—	—	—	—	—	—	—	—	—	—	
Chronic Heart Disease	Bedfast	—	—	1	3	1	6	—	—	11	38
	Ambulatory	—	—	2	2	—	6	14	3	—	
Hemiplegia, paralysis etc.	Bedfast	—	—	1	1	4	9	2	—	17	26
	Ambulatory	—	—	1	2	2	1	2	1	—	
Hypertension	—	—	—	—	1	2	8	1	—	12	12
	Crippling Injuries	Bedfast	—	—	1	1	2	5	3	—	
Varicose ulcers	—	—	—	—	1	—	—	4	—	5	17
	Hernia	—	—	—	—	1	—	3	—	—	
Duodenal ulcers	—	—	1	—	1	—	—	1	—	—	9
	Diabetes	—	—	—	—	—	—	2	—	—	
Mental defect	—	—	4	—	—	1	1	—	—	6	6
	Blindness	—	—	—	—	2	9	3	—	14	
Muscular dystrophy	—	—	—	—	1	1	—	—	—	2	2
	Paget's disease of bone	—	—	—	1	—	—	—	—	1	
Total patients		—	8	29	20	38	167	67	3	332	332
Patients bedfast		—	—	7	12	16	33	15	1	84	

In the 272 households it will be noted that there is dual illness to the extent of 60 households. Rheumatism, tuberculosis, chronic heart disease, cardiovascular disease and mental deficiency account for the cases below the age of 50 requiring the services of a home help, and it will be noted that in 19 of the patients the illness is of such a character that the patient is quite helpless. Over the age of 60, the disabilities caused by degenerative organs and tissues emerge clearly, and so the highest place on this list goes to the comprehensive group of degenerative diseases best classified as senility, which is, in fact, exceeded if we take the three large groups of heart disease, vascular disease and hypertension together. Next in importance on the list comes rheumatoid arthritis and its companion osteoarthritis, followed closely by chronic chest disease. The appearance of blindness among the disabilities is also important.

Out of this large number of cases, only in 33 instances was any contribution payable to the local authority.

The circumstances of a selection of 26 of the households receiving more or less permanent home help are detailed below to illustrate the nature of this problem :—

Senility.

“B” Widow aged 75, bedfast, living in one room. There is one son in Australia who is suffering from some mental trouble, and her only relative in Gateshead is a grand-daughter, who is married with three children and she has the back room from Mrs. “B”. This girl is of low mentality and has difficulty in looking after her own family. Home help is given for two periods of six hours each week and started in July, 1950. There is no charge, as Mrs. “B” has only her pension.

“S” Couple aged 85 and 79 respectively. They have been in Fountain View Hostel twice in the past year, but could not settle. They are both very deaf and Mrs. “S” can do very little for herself ; her mental condition is bad. They have a daughter who lives at Felling and she comes once a week to shop for them. They have had help at intervals since November, 1951, usually two periods of six hours per week. There is no charge.

“K” A bachelor aged 82 living alone in a large house. His only relative is a sister aged about 76 who lives in Berwick. He is not in good health and needs help to keep the house in order. He has had home help since September, 1951, for which there is no charge.

Post-Operative.

“A” Widow aged 79 living with a daughter who is a registered mental defective aged 46. Both mother and daughter had had serious abdominal operations during the last two years. They have had home help since June, 1951, for which no charge is made.

Chronic Bronchitis.

“H” Widow aged 76, living alone and suffering from chronic bronchitis which causes her to spend most of her time in bed. She has a son living in Gateshead, but he is married and there is his own family to look after. She has had some help since November, 1948, at no charge to herself.

“L” Widow aged 87 living alone. She has no relatives or family and suffers from chronic bronchitis and heart trouble and is unable to leave her room. Home help since December, 1950. No charge.

Asthma.

“W” A couple with no family ; the husband is still working and Mrs. “W” is 49 and suffers from chronic asthma and is frequently bedfast. Mr. “W” has lost one hand and therefore cannot do very much in the house. They have no relatives in the north. They have had home help since March, 1951, at a cost of 11/5d. per 44 hours, but usually receive only 12 hours help per week.

Cancer and Tumours.

“W” Married couple both over 75. The husband has had three operations (colostomy) and has the nurse going daily to dress him. His wife is very tired and rather senile. They have no family to give any help. Home help sent since June, 1950, at no cost to them.

"A" Mrs. "A" is suffering from cancer of the uterus and cerebral haemorrhage and requires constant attention as her mental condition is deteriorating. Mr. "A" is still working, but has lost a great deal of time owing to his wife's condition. There are two daughters, both married, one lives quite near and the other at the coast, but the one at Lobley Hill has an ailing husband and cannot spare much time for her mother. Home help has been sent since August, 1951, so that the husband might go to work. The charge in his case is 16/- per 44 hours, and they have had between eighteen and twenty-four hours help per week.

"Mc". Widow aged about 56 with one son living with her who is working for the Water Company. Mrs. "Mc" suffers from a bleeding tumour and arthritis and can seldom leave her bed. Formerly she earned her living by sewing and quilting but had to give it up fifteen months ago. Home help for about 12 hours a week since April, 1951. No charge.

Chronic Heart Disease.

"C" Mrs. "C" is 43 and suffers from a chronic heart complaint. She is frequently in hospital. Her husband has tuberculosis, but has been fit enough to go back to work for the past six months. There is a boy of 17 who is apprenticed and a girl of 13 at school. They have had home help since September, 1950, usually amounting to about 12 hours a week. The charge is £1 10s. 6d. per 44 hours, since Mr. "C" was able to resume work.

"W" Widow aged 61, living alone. Her only son lives in London and she has no relatives in the district. She suffers from a heart complaint which has caused her to fill with water and she is seldom able to get up. Her doctor says that there is no further treatment which will help her case. She has had home help since January, 1950. No charge.

Hemiplegia, paralysis etc.

"BE" Mrs. "BE" has been bedfast for twelve years and is paralysed down one side. Her husband is 79, is unsteady on his feet and is not able to do much for her. They have a son who is married and who lives quite near, but they cannot be bothered by their grandchildren, which makes it very difficult for the daughter-in-law to help them. Before the war they were able to afford some-one to look after them, but their savings are now expended and domestic help is so expensive now that they are dependent on home help, which they have daily for four hours. This started in May, 1950. No charge.

"BO" Mrs. "BO" is a widow aged 47, who is paralysed down the left side. She has a son living with her but both her daughters are married and do not live in the district. She has had home help for about 12 hours per week since April, 1951, at no cost to herself.

Hypertension.

"F" Spinster aged 68 living alone. She had a cerebral operation some time ago and has not been out of her home for four years. There are no relatives to help her. She has had home help since May, 1951. No charge.

Arthritis.

"B" Mr. "B" is about 50, and has been bedfast for twenty years suffering from arthritis. He lives with his mother who is 84 and senile and they are wholly dependent on home help for keeping the house in order and getting their meals. There are relatives in the area, but they found that they were unable to take the responsibility for them any longer, so home help was sent in August, 1951. No charge for a minimum of 24 hours per week.

"K" Widow aged 90, living alone and suffering from chronic rheumatoid arthritis. Her only relatives are two nieces, who are working and who have their own families to look after, so she is entirely dependent on home helps and neighbours to get her meals. She has had home help since May, 1949. No charge.

"G" Young mother, aged 35, with two boys aged 8 and 10. Her husband is working, but she is crippled with arthritis and has been having treatment for about eight years. Home help for about 12 hours per week since May, 1950. Cost £1 4s. 4d. per 44-hour week.

Crippling Injuries.

"O'D" Spinster aged about 62 living with her brother. She is completely crippled following a spinal injury and has been bedfast for about twenty years. Her brother is still working and as there are no relatives she is completely dependent on home help which she has had daily since December, 1949. No charge.

"W" Elderly widower living alone. There is no family or relatives. He has had one leg amputated and the other is in a bad condition and the nurse dresses it daily. Home help since November, 1949. No charge.

"W" Bachelor aged about 58 living alone. He was in an air raid and suffered injuries which have completely incapacitated him so that he can do nothing for himself and cannot go out at all. He has one sister who is over 60 and married, so that she has her own home to look after but she goes to him every afternoon while a male home help goes every morning for 4 hours. He ought not to be left alone. The charge is £1 3s. 9d. for a 44-hour week.

Hernia.

"C" Widow aged 73, living alone. Her condition is inoperable and her legs and feet are very badly swollen so that she is often unable to get up. She has had home help since September, 1949. No charge.

Duodenal Ulcers.

"B" Couple in their fifties with no family. The husband has tuberculosis, and is unable to do anything, while his wife is waiting to have a second operation for duodenal trouble. Home help since August, 1951. No charge.

Diabetes.

"S" Widow aged 72, living alone. She has two sons, one of whom is in America and the other lives in Dundee. In addition to being a diabetic she is ruptured and suffers from other complaints. Home help for 12 hours a week since December, 1951. No charge.

Muscular dystrophy.

"C" There is a brother and sister living together, but both are badly crippled and are frequently in hospital. They have no relatives to help them and have had home help since September, 1951, for about 12 hours a week. No charge.

Paget's Disease.

"G" Mrs. "G" is separated from her husband and her two sons do not visit her. Her mother is in Fountain View, and she has two sisters, one living in Gateshead and one at the coast, but the sister in Gateshead has a paralysed husband to look after. She has been bedfast for some years and is wholly dependent on home help which she has had daily since December, 1948. No charge.

Tuberculosis.

"C" Young married woman with one child aged 11. Has had tuberculosis for about ten years. Constant help since March, 1948. Husband is working. Pays £1 10s. 9d. for 44-hour week.

Blindness.

"McG" Spinster aged 63, blind and very deaf. She lives alone, but has two sisters who go in at night to see her. Home help since August, 1950.

A question that might legitimately be asked concerns the care of these chronic cases in pre-war days, and also in the days prior to the National Health Service. It is certainly difficult to get a satisfactory answer. At first sight it appears that much of the present burden is due to the aged and infirm persons being, so to speak, abandoned by their relatives to the care of the local health authorities. The enquiry which has just been reported does not altogether bear out that view. Certain other aspects of this great problem therefore come under consideration.

In pre-war days, the High Teams Public Assistance Institution (now divided into Bensham Hospital and Fountain View Welfare Hostel) accepted many of these patients into the hospital wards in accordance with the provisions of the Poor Law Acts. Where an aged patient was requiring care and attention, the liable relatives had to face the question of whether to do what they could to keep the patient at home by providing assistance themselves or paying someone to provide it. The alternative was to pay the levies of the Public Assistance Committee for the institutional care of the patient. To some extent then, the relatives did do something either by their own efforts or by financial contributions towards the assistance given by the Local Authority to these people. During the war, admission to hospital became easier as a result of the upgrading of the Poor Law Institution into an emergency hospital with additional beds, and the later appropriation as a general hospital administered by the Health Committee. With the demands for labour and for national service during the war, fewer and fewer of the aged and infirm were cared for at home. The Health Committee, too, was certainly more generous in the exaction of contributions than the former poor law authority could be under the Public Assistance Regulations.

After the National Health Service Act, however, there arose the necessity to upgrade the hospital so as to provide more accommodation for the acutely ill. At this time, the ambulatory aged and infirm were housed in the appropriated part of the former Public Assistance Institution, now named Fountain View Hostel. Moreover, the hospital wards became available for patients from a large area outside the Borough, with a consequent reduction of beds for those living within the Borough. Finally, a large block containing four wards in the hospital was temporarily out of commission in 1950 and 1951 while undergoing refitting, so that there was great pressure and a considerable waiting list of elderly patients who required hospital care, but who had nevertheless to be looked after at home by the nursing and home help services.

Before the war it was comparatively cheap for relatives of aged and infirm persons to engage or hire directly and privately a companion, a neighbour or some other form of domestic help, to give either partial or whole-time care to an aged person. The rise in the remuneration of domestic workers during the war, and the competition of industry and other spheres of employment have made it virtually impossible for either patient or relatives to make this type of arrangement today. The burden

has therefore fallen on the Local Authority, which first entered the field with a maternity home help service.

A further point concerns the increased expectation of life of the elderly, which increases the proportion of the higher age groups in a population. Gateshead is a town which has had a declining population since the economic crisis of 1930, when large numbers of young adults left for other areas, principally the south. Even in post-war years, when there has been ample opportunity for employment, the trend out of the town continues, probably due to the difficult housing situation in Gateshead. Now emigrants from the town certainly do not come from the older age groups. They are mainly the young adults, both married and single, and they are generally accompanied by a relatively small number of children. The result of such a process continuing for twenty years is that the national anomalous age distribution of the present-day population is probably greatly intensified in Gateshead. All through these years the proportion of elderly persons and ailing persons in the community had tended to increase, while the population was actually diminishing. Many relatives of the elderly people are no longer in the community to help them in their troubles, because of their previous emigration. Even when these relatives have remained in the district, the policy of full employment has entailed many of the younger married women working and undertaking at the same time the care of their own households. In such circumstances, they certainly have no time to lend a hand in a second household.

The view must therefore be expressed that the difficulty in Gateshead is a national difficulty, intensified by local factors peculiar to the town. It is a problem which will worsen considerably in the future. Peculiarly enough the only relief that has been experienced in the demand for services for the aged was the mortality associated with the influenza epidemic of 1950-1951, which was particularly severe among the elderly.

(7) Home Nursing.

There are two agreements, one with the Gateshead District Nursing Association, for the domestic care of invalids at home in the main part of Gateshead, and one with the Wrekenton, Eighton Banks and Springwell Nursing Association, which is affiliated to Durham County Association, for the nursing in the village of Wrekenton on the periphery of the Borough. Gateshead pays half the cost of supplying a nurse to this Wrekenton and Eighton Banks district.

The staff employed by the Gateshead District Nursing Association at the end of 1951 for domiciliary nursing purposes consisted of the Superintendent, 1 assistant superintendent, 4 midwives, 2 pupil midwives, 1 maternity nurse, 6 general nurses, 2 male nurses, 3 part-time district nurses and 4 student district nurses. There was one nurse at Wrekenton.

The following table summarises the work of the district nurses within the Borough in the year 1951. So far as the chronic invalids are concerned, the District Nursing Association provided service to 45 of the households which were receiving constant domestic help, as analysed in the preceding section.

Home Nursing Service, 1951.
Gateshead and District Nursing Association.

Cases nursed	Acute illness		Maternity		Chronic illness		Total	
	Cases nursed	Visits	Cases Nursed	Visits	Cases Nursed	Visits	Cases Nursed	Visits
No. on books at 1st January, 1951	64		12		174		250	
No. nursed in								
January	167	1403	32	622	229	2975	428	5000
February	156	1311	35	475	235	2835	426	4621
March	173	1522	46	794	236	2728	455	5044
April	172	2118	48	762	214	2130	434	5010
May	188	1793	35	663	214	2414	437	4870
June	199	1774	32	549	192	2033	423	4356
July	181	1993	35	579	216	2142	432	4714
August	174	1724	32	493	174	2167	380	4384
September	146	1671	30	471	212	2265	388	4407
October	152	1480	34	705	200	2440	386	4625
November	100	1434	39	734	211	2295	410	4463
December	159	1592	32	559	216	2386	407	4537
No. on books at 31st Dec., 1951	75		4		181		260	
Total cases nursed and visits paid during year	1175	19815	310	7406	696	28810	2181	56031

Durham County Nursing Association.
(Wrekenton and Springwell Branch).

Cases nursed	Acute Illness		Maternity		Chronic Illness		Total	
	Cases Nursed	Visits	Cases Nursed	Visits	Cases Nursed	Visits	Cases Nursed	Visits
No. on books at 1st January, 1951	7		—		10		17	
No. nursed in								
January	11	78	—	—	22	174	33	252
February	17	70	—	—	18	115	35	185
March	18	108	—	—	15	130	33	238
April	14	85	—	—	19	150	33	235
May	12	90	—	—	18	163	30	253
June	15	111	—	—	19	146	34	257
July	15	70	—	—	16	172	31	242
August	14	75	—	—	17	155	31	230
September	12	80	—	—	17	121	29	201
October	9	83	—	—	16	180	25	263
November	13	70	—	—	20	234	33	304
December	7	50	—	—	21	219	28	269
No. on books at 31st December, 1951	5		—	—	12		17	
Total cases nursed and visits paid during the year	91	970	—	—	92	1959	183	2929

(8) Vaccination and Immunisation.

(a) Vaccination.

During 1951, 741 persons were vaccinated and 133 revaccinated, including 594 infants under 1 year and 36 children aged 1—4 years, 53 school children and 191 adults. 118 of the revaccinations were of adults. Out of 2,185 infants born in 1951, it would appear that only 594, i.e. 27.1 per cent could have been vaccinated. This compares with the figure of 21.4 per cent in the previous year.

In present circumstances, the danger of smallpox raging in epidemic form appears to be dependent only on its introduction into the country. There is thus lost the double safeguard, which should be an effective barrier against any renewed prevalence of this deadly epidemic disease.

Of the total number of vaccinations, 406 were carried out by the Local Authority staff and the remainder by the family practitioners.

No case of generalised vaccinia or post-vaccinal encephalitis came to light during 1951, nor was there any death from a complication of vaccination.

(b) Immunisation against Diphtheria.

During 1951, 1,349 children under 5 years and 422 children of school age, a total of 1,771 completed a full course of immunisation, and 1,012 school children received a secondary "booster" injection to stimulate the immunity mechanism. The number of children under 5 represents nearly 61 per cent of the children born in the area during 1951. 1,339 complete inoculations against diphtheria were carried out by the Local Authority medical staff and 432 by the local family practitioners.

At the end of 1951, out of 10,920 pre-school children, 4,446 (40.7%) had been immunised, and out of 17,053 school children, 11,421 (66.9%) had been protected. Altogether then, 15,867 children (56.7%) have been innoculated against diphtheria out of 27,973.

During 1951, diphtheria was non-epidemic, and there was no mortality from the disease. The prophylactic in use was mainly Burroughs Wellcome alum precipitated toxoid.

(c) Immunisation against Whooping Cough.

During 1951, 1,082 children were given a complete course of whooping cough prophylactic, using the combined prophylactic in 1,024 instances and the whooping cough prophylactic alone in 58.

Of the total 1,082 immunised, 814 received their treatment from the Local Authority medical staff and 268 from the general practitioners of the area.

The opinion is expressed that the whooping cough prophylactic has modified the disease as encountered in Gateshead.

Two combined prophylactics were used for simultaneous immunisation against diphtheria and whooping cough, namely the Glaxo product and that made by Messrs. Parke Davis.

(9) Municipal Ambulance Service.

During 1951 the work on the new ambulance depot continued, and it is expected that it will be put into use early in 1952. The station will be equipped for the garaging of 12 ambulances and 3 sitting case cars.

Establishment.

At the end of 1951 the staff consisted of an ambulance officer Mr. W. Barber, an assistant ambulance officer, Mr. J. Nesbit, 3 senior ambulance drivers, Messrs. H. Fletcher, P. Clarke and D. Scott, and 20 ambulance driver/attendants.

All the above personnel continue to have regular first aid training each year under the auspices of the St. John Ambulance Association. The Corporation is indebted to volunteer instructors for co-operating in the training. The medical lectures were given by a member of the hospital staff.

Cost of the Service in 1951.

The annual cost has now reached £22,780, but there is a certain revenue from the charge to other authorities for the return journeys of patients from the Gateshead hospitals. In 1951, this amounted to £845 so that the net cost of the service to Gateshead was £21,935.

The charge made to other authorities was the agreed rate of 2/-s. per mile for an ambulance and 6d. a mile for a sitting case car.

Work of the Service in 1951.

The following is a summary of the work carried out by the municipal ambulance service during the year 1951 :—

A. Journeys within the Borough.	Jan. 1st to Dec. 31st, 1951	
	Patients.	Journeys.
Serving Queen Elizabeth Hospital	14,341	9,718
Serving Bensham General Hospital and Fountain View	4,744	3,550
Serving the Isolation Hospital	1,135	1,007
Serving Whinney House Hospital	355	208
Serving the Children's Hospital	1,099	413

B. Journeys Outside the Borough.

Serving Hospitals in Newcastle Area	5,077	3,697
Serving Hospitals outside the Borough and outside Newcastle area	982	580
Serving distant sanatoria	23	20

Jan. 1st to Dec. 31st, 1951
 Patients. Journeys.
 159

C. Disinfections.

D. Miscellaneous.

Inter-hospital and clinic transport	....	....	1,114	819
Inter-departmental transport of supplies	....	....		789
Midwives' transport	....	....		1,112
Emergencies	....	....	950	912
Transport of analgesia sets	....	....		69

Summary.

		Patients.	Journeys.	Miles.
Transport to and from hospitals by ambulance		18,070	11,733	84,919
Transport to and from hospitals by sitting				
case car	....	9,686	7,460	68,062
Inter-hospital and clinic transport	....	1,114	819	2,185
Inter-departmental transport of supplies	....		789	6,136
Disinfections	....		159	892
Emergencies	....	950	912	4,419
Midwives' Transport	....		1,112	5,880
Analgesia sets	....		69	313
		29,820	23,053	172,806

		Patients			Journeys		
		Ambul- ances	Sitting case cars	Ambul- ances	Sitting case cars	Ambul- ances	Sitting case cars
Transport chargeable							
to other authorities							
(included in above)		369	2631	361	2498	2715	16994
Petrol Consumption (in gallons)	....			13,368			

Staff and Equipment as at 31st December.

1 ambulance officer	8 ambulances
1 assistant ambulance officer	3 sitting case cars
3 senior ambulance drivers	1 utility van
20 ambulance driver attendants	1 clinic ambulance.

Journeys and Mileages Completed since the Inception of the Service.

		Patients	Journeys	Miles
1944	....	....	6,676	31,848
1945	....	....	10,463	53,080
1946	....	....	13,319	65,655
1947	....	....	16,969	79,979
1948	....	....	20,841	105,702
1949	....	27,576	23,969	149,557
1950	....	30,117	24,631	170,686
1951	....	29,820	23,053	172,806

(10) Prevention of Illness, Care and After-Care.

(a) Tuberculosis.

Among the more debatable changes that took place under the National Health Service Act is the separation from the responsibility of the Local Health Authority of certain aspects, mainly curative, of the problem of tuberculosis. Since the 5th July, 1948, tuberculosis has been the responsibility of the general practitioner working under the Executive Council, and of the chest physician working mainly under the Regional

Hospital Board but including certain preventive actions as a part of his duties to be undertaken on behalf of the Local Authority, while the Local Authority itself has remained responsible for the prevention, environment and after-care of the disease. For a time the areas delineated by the Regional Boards were served by the new chest physicians, who were the former tuberculosis officers of the local authorities, and were co-terminous with the areas of the local authorities. Not unnaturally the areas of responsibility of the chest physicians have been extended with little regard to local government structure. Differences in the remuneration paid to chest physicians so far as their specialist work for the Regional Board and their preventive work for the Local Authority were concerned, have produced certain difficulties inasmuch as the practice of curative medicine has been rated as of greater financial worth than the enforcement of preventive medicine. In this region, recent changes which came into effect in the autumn have made the chest physicians almost entirely the servants of the Regional Hospital Board, a proportion of their services being allocated to the Local Authorities, which will in turn have to re-imburse the Board.

So far as Gateshead is concerned, the chest physician, who was formerly the clinical tuberculosis officer, is having to cover through his specialist appointment an extending area outside the Borough boundary within the surrounding area of County Durham. With this additional work there have arisen difficulties of staffing, so that he has been virtually single-handed and even deprived of the clinical assistance that he used to receive from the male assistant medical officers of the Gateshead Local Authority, who were also assistant tuberculosis officers. The appointment of an assistant chest physician is, however, imminent and may improve matters greatly. As the Chest Clinic (or Tuberculosis Dispensary) is still situated within the grounds of the health department, the liaison between the medical and clerical staff engaged in tuberculosis work and other staff of the local authority continues to be excellent, in spite of the confusion that arises from the intrusion of cases and records from outside the area of the Borough.

Although the curative care of established tuberculosis is ever improving as a consequence of the introduction of new remedies and the availability of additional beds, the problem is still a long way from being overcome. Insufficient emphasis has been devoted to the preventive aspects of the tuberculosis problem. The disease is an infection which is widespread throughout the human race in temperate zones. It is equally widespread among such domestic animals as cows and pigs, and from these animals it can be communicated to man. Much of the public health legislation has been concerned with the reduction of tuberculosis from dairy herds, with the production of a milk supply free from tuberculosis infection, with the pasteurisation of milk from mixed dairy herds and with the condemnation of carcases, meat and organs of the food animals affected by tuberculosis. Nowadays, therefore, human tuberculosis arising from animal sources is probably minimal, but the disease continues to flourish in humans, the sources of infection being undoubtedly the

victims with infectious phthisis, i.e. those patients with lung lesions who expectorate a sputum or exhale droplets of secretion containing living tubercle bacilli. Infection of other persons from cases of infectious phthisis mainly shows itself in affections of the respiratory organs, but of course a certain amount of abdominal, glandular, and bone and joint tuberculosis may arise as well as lung infections. In the young, the infection is one which in most instances heals spontaneously, but only too often may become progressive and go on to miliary tuberculosis, as any form of tuberculosis is liable to do. Miliary tuberculosis, which is really a septicaemic form of tuberculosis, carried with it an inevitable fatality, until the introduction of streptomycin. With this drug or its derivatives, it has been possible, after very lengthy and intensive hospital treatment, to save approximately half the cases of miliary tuberculosis. These new drugs, when given to pulmonary tuberculosis and other forms, undoubtedly contribute to the healing of the lesion and to the destruction of tubercle bacilli, but the bacilli have a capacity to develop resistance to the drugs, with the result that treatment in many cases may in the end prove unsuccessful. Nevertheless the lives of these patients are generally considerably prolonged and in the infectious state.

In the chain, or rather circle, of human tuberculosis infection it is possible to interfere at any stage. In the past, efforts have mainly been directed to the building up of natural resistance in humans exposed to infection by the tubercle bacilli by nutritional aids and by improvement of housing accommodation. A recent additional development in this country, although one which has been considerably used in Scandinavia, has been the attempted immunisation of susceptible young persons living in a household with an open tuberculous case, using a living vaccine of non-virulent tubercle bacilli, the B.C.G. strain. It has been suggested that it would be worth while to utilise this B.C.G. vaccination, which is still the subject of experimental research, in the children of the community about the time they enter school, or at least before they leave school to take their place in industry or office.

In this anti-tuberculosis campaign the infectious patient himself has not been forgotten. By mass radiography it was intended to ensure the early diagnosis of the pulmonary lesion and follow this by appropriate treatment. With established disease, there was a system of allowances intended to make treatment more acceptable to the family. The Public Health Act of 1936 had conferred powers on the Local Authority to secure the hospital isolation of the infectious case, where there was risk of the spread of infection to domestic contacts, but this measure was very seldom invoked because of the disturbance such a refractory patient might produce within a ward of tuberculosis cases who had voluntarily submitted to hospital treatment. The law also forbids the known infectious case of tuberculosis to handle milk, while the more recent Food Bye-laws of the Local Authorities can be invoked to stop a known infectious tuberculous subject from handling food intended for human consumption. Although these protective and repressive measures are available, public opinion has never been ripe for the treatment of this

chronic endemic disease along the harsh or drastic lines of prevention practised by the mediaevalists against leprosy, a disease which is probably much less infective than tuberculosis.

Now that so much can be done in hospital for even the fairly advanced case of tuberculosis by way of drug therapy, it is proper to reconsider the whole question, bearing in mind that the principal menace to the health of others is the careless subject of chronic pulmonary tuberculosis exhaling the bacilli in his sputum and secretions, which he disseminates freely in his home, in the various public places which he frequents and over the materials which he handles. The newer remedies for the cure of tuberculosis have greatly increased the number of such persons who survive and are at liberty to act as sources of infection. Although statistics may show that the death rate from tuberculosis has been steadily dropping as indeed it has in Gateshead, there has been little reduction in the number of fresh cases of tuberculosis coming to light.

A tabular statement of the dispensary statistics of Gateshead from 1933 to 1951 shows this position. It will be noted that the number of cases diagnosed in the non-infective stage has steadily increased in recent years, but the number of cases that are actually being diagnosed is higher indeed than in the immediate pre-war days. A further point that is worthy of note is that the annual number of open cases of tuberculosis on the dispensary records from 1942 until 1949 corresponded more or less with the number of tuberculosis deaths. Since 1949 a great change has taken place, for the number of open cases ascertained in a year is now considerably more than the annual number of deaths.

Dispensary Statistics of Gateshead 1933-1951.

		Notifications	Deaths	TB—	TB+	Total
1933	....	283	140	86	136	226
1934	....	293	135	121	114	235
1935	....	203	129	70	86	156
1936	....	201	104	80	106	186
1937	....	178	118	68	95	163
1938	....	208	115	72	100	172
1939	....	183	119	77	101	178
1940	....	206	129	65	92	157
1941	....	207	128	93	75	168
1942	....	208	107	89	107	196
1943	....	219	106	90	111	201
1944	....	244	122	125	106	231
1945	....	218	98	103	99	202
1946	....	228	75	111	108	219
1947	....	237	93	119	107	226
1948	....	232	99	128	98	226
1949	....	250	91	157	91	248
1950	....	220	64	139	83	222
1951	....	227	45	152	74	226

At the end of 1951, Gateshead Dispensary register included the names of 1,269 patients, 1,124 of whom were cases suffering from the pulmonary

form of the disease, and 145 suffering from non-pulmonary tuberculosis. Of this number, 504 were originally classified as suffering from pulmonary tuberculosis in the infectious stage, as judged by the presence of tubercle bacilli in the sputum. The position in regard to these 504 cases at the end of 1951 was that 172 were non-infective, 108 were in hospital or undergoing active therapy and therefore not a source of danger to the population at large, but 224 considered to be still infective were at large in the community, i.e. roughly 2 persons per 1,000 of population were capable of disseminating the disease among their contacts.

To follow this matter an enquiry was made as to the circumstances of the 224 patients. 67 were working, 79 were fully ambulatory, 42 were not wholly confined to bed but were able to proceed outside their homes for varying lengths of time and only 19 were completely confined to bed. Accurate information about 16 of the patients could not be ascertained, but it seems that at least 2 were living temporarily elsewhere.

The following table analyses these 224 open cases of tuberculosis with reference to their contacts. It will be seen that roughly 6 persons per 1,000 of population, of whom nearly one third were children, were living in domestic contact with an open case of phthisis. The degree of exposure of these contacts to the several classes of patients with infectious phthisis has also been investigated.

Circumstances of Infectious Tuberculosis Cases

	Males	Females	Total	Contacts (domestic)		Total
				Adults	Children	
Confined to bed	9	10	19	40	16	56
Partly ambulatory	29	13	42	98	35	133
Fully ambulatory.....	37	42	79	173	82	255
Working	60	7	67	154	60	214
Particulars not obtained	—	—	17	—	—	—

Of the 19 patients confined to bed 16 had a separate bed in his or her own room, one had a separate bed but shared the room and 2 shared the bed with another person. Among the 42 partly ambulatory patients, 27 slept in their own bed in a room set apart, 3 slept in a separate bed in a room shared with others, but 12 shared bed and room with others. One of these last slept in the living room, and one also had the baby sleeping in the same room. Of the 79 ambulatory patients, 44 slept in their own beds in a separate room, 5 occupied a separate bed but shared the room with others, 30 shared a bed with others and in 10 instances there were child contacts sleeping in the same room. The 67 fully employed patients were circumstances as follows :—28 occupied a separate bed in a separate room, 6 had a bed to themselves but shared the room with others, 31 shared the bed with other persons. In 3 instances there were also children in the bedroom. In 2 cases information as to sleeping conditions could not be ascertained.

Employment of Tuberculous Subjects believed to be Infective.

	<i>Males</i>		<i>Females</i>		
Professional	4	Factory workers	....	3
Clerical and office	6	Storekeeper	....	1
Artisans	13	Cleaner	....	1
Skilled labourers	8	Cinema usher	....	1
Unskilled labourers	5	Shop assistant	....	1
Factory workers	9		—	
Shopkeepers & shop assistants	5		7	
Transport drivers	2		—	
Policemen	2		—	
Miner	1		—	
Hairdresser	1		—	
Commissionaire	1		—	
Lavatory attendant	1		—	
Seaman	1		—	
Unknown	1		—	
		—		—	
		60		—	
		—		—	

The employment followed by the 67 persons was selected in only 8 cases and in a number of other cases it seems suitable for the patient. It is also evident that in some of the instances quoted the occupation is not such as to limit the spread of the disease.

This analysis of the amount and possibly the mechanism of the spread of tuberculous infection in Gateshead explains why open phthisis is not unknown among school children. For instance in 1951, 13 school children were known to be suffering from the disease in the infectious state, 54 school children were also considered to be suffering from active pulmonary tuberculosis in the non-infectious state and 65 children were considered to be in the state of quiescent or arrested disease.

A pilot tuberculin survey of entrant school children was undertaken in 1951. Altogether 1,280 entrants out of some 2,000 in the Borough were subjected to jelly tests by the assistant medical officers in the course of school inspection. Roughly 248 revealed a positive tuberculin reaction, i.e. 20%, which is considerably higher than that normally recorded at this age. Sixteen of the reactors belonged to families with a history of recent tuberculosis. 108 of these reactors were x-rayed, 3 showed active lesions, 4 had lesions requiring observations, 4 had lesions which were healed, and 9 showed enlargement of the bronchial glands.

The prime purpose of this tuberculin survey was to ascertain the negative tuberculin reactors, in the hope of following up the process with B.C.G. vaccination. Unfortunately, until the completion of experi-

mental trials by the Medical Research Council, this objective cannot be achieved at present. It is, however, intended to continue to offer tuberculin tests to entrant school children, with a view to making use of the positive responses as indicators pointing to a possible source of infection in an undiscovered case. At the other end of school life, the Education Authority has agreed that routine mass x-ray examination should be offered to all school children in the last year of school life, and arrangements are being made to this end. A rather high incidence of tuberculosis in one senior girls' school, wherein there were 5 open cases of pulmonary tuberculosis and two other cases, led to the submission of the children to mass miniature x-ray along with their teachers. Some 269 children and 15 members of the staff were examined. 14 children were recalled for a large film examination, with the result that 2 were referred to the chest clinic, 4 were kept under observation at the miniature radiography unit, and 7 were reported to their own doctor because of healed tuberculosis and bronchitis. One member of the staff was recalled, the x-ray in his case showing healed lesions which required no further action.

All that has been learned from this enquiry as to the epidemiological influences bearing on the prevalence of tuberculosis focuses attention on the infectious case and his contacts. In some cases too, the chronic infectious cases are masquerading as victims of chronic bronchitis or as asthma or some other chest condition. Even when they are known, little restriction it seems is placed on their liberty to disseminate the disease. They can shop, they can enter places of public refreshment and entertainment, and there is no law against them coughing their bacilli over the food before them or into the air around them. As long as this liberty continues, as long as they are allowed an absolute freedom to enter or leave the isolation of a sanatorium or hospital at will, the more will measures have to be applied to their contacts and to the general public to fortify them against the doses of tubercle bacilli with which the population will be regularly inoculated. This all seems rather a wrong policy, for tuberculosis is, above all, the one disease in which the accurate ascertainment of the infectious cases plus their effective isolation will prevent the further spread of infection. With proper education in the nature of the disease, in the hygiene of coughing or sneezing, the toilet of the hands, the value of fresh air, all factors which have a bearing on the spread of infection, the great majority of the tuberculosis patients may be rendered quite harmless to their contacts. But there remains a hard core of quite irresponsible persons, who, carelessly or through ignorance, reject hospital care and proper tuition to prevent the spread of the disease, and who insist on full liberty to disseminate it. In future some degree of coercion will become necessary to minimise the spread of the most fatal infection of the present times.

After-Care.

Assistance to tuberculous patients under the Local Authority scheme is summarised below :—

Clothing.

<i>People assisted</i>	<i>Assistance given</i>	
57	Pyjamas	40
	Suits	2
	Underclothing	18
	Shoes, boots and slippers	31
	Coats	2
	Dressing gown	1
	Trousers	8
	Shirts	11
	Clothing	3
	Jersey	3
	Vests	16
	Socks	10
	Light mackintosh	2
	Bed jackets	2
	Overalls	4
	Overcoats	2
57		155

Invalid Aids.

<i>People assisted</i>	<i>Assistance given</i>	
42	Bed and bedding	7
	Blankets	4
	Bedpans	11
	Portable rubber urinal	1
	Urinals	7
	Hair mattresses	6
	Pillows	4
	Sponge rings	13
	Back rests	9
	Sputum mugs (enamel)	8
	Sponge bed	1
	Waterproof sheets	2
	Spinal carriage	1
	Feeding cup	1
42		75

The invalid aids for the tuberculous are kept separately from those supplied to cases of general illness and are disinfected immediately on return and before re-issue.

In 1951, 60 patients were placed in light employment with various firms through the Ministry of Labour Rehabilitation Officer. 11 others were sent to the Felling Rehabilitation Centre for training.

5 patients were admitted to employment in the Remploy Factory on the Trading Estate, but it does not appear that the special Remploy Factory for tuberculous persons will materialise in the immediate future.

Acknowledgment must be made of the co-operation of the Assistance Board in the administration of the financial help to the tuberculous, whereby special circumstances have been promptly dealt with by the Board's officers.

Tuberculosis care and after-care is a function of the Invalid Care Sub-Committee, which meets monthly and approves the issue of clothing and the provision of other assistance. Dr. S. D. Rowlands, the local Chest Physician, attends the meeting.

Bad housing conditions affected tuberculous families in Gateshead in common with the remainder of the population, and during 1951, 51 families were rehoused on the recommendation of the Chest Physician. This represents 12.4% of the houses let during the year.

Before the appointed day, the Local Authority ran a bus twice a month for the relatives of tuberculous patients undergoing treatment at Poole Sanatorium. This service was still in operation at the end of the year as part of the arrangements approved by the Ministry for the care and after-care of the tuberculous, but owing to the decline in the number of patients from the Borough in Poole Sanatorium, the service is to be withdrawn in 1952.

(b) Venereal Diseases.

The clinic at the Newcastle General Hospital continues to maintain effective liaison with the health department of the Local Authority by way of the Superintendent Health Visitor, who is responsible for the tracing of contacts and defaulters.

Contacts.

During 1951, 4 contacts were notified. 2 were traced, persuaded to attend for examination and treated. 2 others were not traced.

Defaulters.

During 1951, 98 individual cases were followed up, 90 suffering from syphilis and 8 from gonorrhoea. This involved 362 visits. All these defaulters were traced and persuaded to re-attend. 3 children who were sought attended after persuasive hints of prosecution of the parents.

Ante-natal cases.

Expectant mothers found to have positive Wassermann tests were referred for further investigation to the treatment centre.

(c) Invalid Aids.

During the year, the following assistance was given to 161 patients nursed at home :—

Sponge rings	.....	.....	11
Air rings	.....	.....	29
Feeding cups (Ideal)	.....	.....	3
Back rests	.....	.....	32
Bedpans	.....	.....	36
Male and female urinals	.....	.....	21
Dunlopillo Mattresses	.....	.....	1
Bed cages	.....	.....	9
Rubber sheets	.....	.....	30
Wheel chairs	.....	.....	11
Crutches	.....	.....	2
Rubber hot water bottles	.....	.....	1
Air beds and bellows	.....	.....	4
Spinal carriages	.....	.....	2
Bed tables	.....	.....	2
Sputum mugs	.....	.....	2
Sorbo beds	.....	.....	8

(d) General Remarks.

The officers of the health department, sanitary inspectors, duly authorised officers, health visitors and tuberculosis nurses work in close liaison with the welfare officers of Gateshead in regard to sick persons living at home in conditions likely to lead to insanitation or further deterioration of the sick person. Every effort is made to afford the maximum of help by way of domestic nursing and help before taking the drastic action under the National Assistance Act of seeking compulsory removal of the sick person to an Institution.

Convalescent holiday treatment for invalids continues to be supplied by the Local Authority for persons who are recommended by their own family practitioners for this form of therapy, and who are unable otherwise to obtain such treatment. It was thought that this demand would become excessive, but during 1951, 43 persons made application as compared with 19 in the previous year. The following is a summary of the cases dealt with :—

- 17 cases admitted to Procter Memorial Home, Shotley Bridge.
- 9 cases admitted to Silloth Convalescent Home.
- 1* cases admitted to Brentwood Recuperation Centre, Marple, Cheshire.
- 1 case awaiting admission to Brentwood Recuperation Centre.
- 4 cases admitted to Rose Joicey Convalescent Home, Whitburn.
- 1 case admitted to Co-operative Convalescent Home, Gilsland.
- 2 cases admitted to Whitton Towers, Rothbury.
- 2 cases admitted to Children's Convalescent Home, St. Annes-on-Sea.
- 5 applications withdrawn at request of applicants.
- 1 case considered unsuitable for admission.

*—case accompanied by a child.

The cost of the service was £199 10s. Od., and the sum of £54 4s. 5d. was assessed as the amount recoverable from recipients. Of this sum £9 12s. Od. was actually recovered by the end of the year.

Of the 36 cases accommodated up to the end of the year, 7 were assessed as liable to pay full cost, 12 part of the cost (one of which was subsequently written off by the Health Committee), and in 15 cases no charge was made. The 2 remaining cases were sent for treatment under the Hospital service.

(11) Mental Health Services.

i. (a) Administration.

The general care of mental illness and deficiency is dealt with by the mental health sub-committee of the health and sanitary committee, and in 1951 its constitution was as follows :—

Chairman : Ald. P. S. Hancock, O.B.E.

Vice-Chairman : Ald. J. T. Etherington.

His Worship the Mayor : Ald. J. A. Hutchison.

Ald. W. F. Barron.
Ald. B. N. Young.
Coun. Mrs. M. Bell.
Coun. A. Crossley

Coun. Mrs. E. A. Hardy.
Coun. Mrs. A. R. Heppell.
Coun. Mrs. A. Hutchison.
Coun. Mrs. A. E. Jewitt.

The Regional Hospital Board has been good enough to allot the services of Dr. C. B. Bamford, the consultant psychiatrist in charge of St. Mary's Hospital, Stannington, to undertake a weekly conference with the duly authorised officers, at which difficult cases are discussed and his advice tendered. Similarly, Dr. G. McCoull, consultant in charge of the Prudhoe and Monkton Hall Colony, gives a regular monthly visit, at which the defectives requiring institutional care are examined and placed in order of priority on his waiting list.

(b) Staff.

The duly authorised officers number 4, one of whom is the senior taking charge of the work of the others. One officer is a woman, experienced in mental nursing.

In 1951, the National Association for Mental Health were unable to continue the after-care of patients discharged from mental hospitals outside the region, and accordingly this work fell to the duly authorised officers as from April, 1951.

(c) Co-ordination with Hospital Boards and Hospital Management Committees.

As has already been explained, Drs. Bamford and McCoull of the Regional Hospital Board consultant staff attend at the health department to advise the duly authorised officers in regard to difficult cases and the placing of mental defectives. A close liaison is also kept up with Dr. Hurley, the Regional Psychiatrist, with a view to obtaining accommodation for cases of mental deficiency in conditions of urgency.

In the after-care of mental defectives, the local authority officers collaborate with the institutions in the supervision of cases on licence or after discharge.

In 1951, the duly authorised officers attended a training course.

ii. Work done in 1951.

The work of the duly authorised officers is so arranged as to enable two officers to be available night and day seven days per week. Although the bulk of the work connected with mental illness has been to undertake the removal of patients to hospital, together with the necessary legal procedure, the officers have also been responsible for many references of mentally ill patients to psychiatric clinics. These cases, once brought

to light, continue to have subsequent supervision if they are not admitted to the mental hospital.

The position in regard to the welfare of mental defectives remains very difficult, institutional accommodation being quite inadequate for the number of patients for whom it is required. Constant pressure is exercised by patients and other interested parties for defectives to be admitted to colonies, and the practice of submitting these to Dr. McCoull at the health department enables a proper priority to be given to the most urgent cases.

The proposed occupation centre was still in the planning phase in 1951. St. Columba's Hall is the property of the ecclesiastical authorities and the necessary adaptations which are being proposed require the consent of the trustees as well as the Ministry of Health. Nevertheless, it appeared that agreement had been reached at the end of 1951 to provide a suitable training centre for up to some 50 defectives. It is hoped that in 1952, the necessary work of adaptation will be completed so that the centre can be opened.

Mental Illness.

In 1951, 299 persons who were mentally ill were investigated by the duly authorised officers. Of this number, 165 were admitted to hospital, 48 after certification under the Lunacy Acts, and 117 as voluntary patients 134 other patients, whose circumstances were investigated, were not admitted to mental hospitals.

The great majority of these last patients were senile, and in 41 instances, admission to local general hospitals was achieved. 4 of these, too, were found accommodation in Fountain View Welfare Hostel.

So far as the remaining 89 patients are concerned, these fall into two groups. In one group of senile patients, arrangements were made for them to be cared for by relatives, home help being provided where necessary. In the second group, recovery had taken place under domiciliary care to an extent sufficient to allow them to be at liberty. 15 of these still require occasional attention from the duly authorised officer.

Altogether, the duly authorised officers made over 900 visits in connection with mental illness.

Mental Deficiency.

During 1951, 26 defectives, 11 males and 15 females were ascertained. 15 of these came to light through the statutory procedure of the Education Act, 1 by the police and 10 by the parents. Action was taken in respect of 30 defectives during the year as follows :—11 were placed under statutory supervision, 6 were taken to a place of safety, 9 were admitted to institutions, 4 defectives died or were removed from the area. The position at the end of 1951 in relation to mental defectives was as summarised in the table below :—

During 1951 *Total as at
1st January, 1952*

	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M	F	M	F	M	F	M	F
1 Particulars of cases reported during 1951								
(a) By Local Education Authorities								
(i) Under Section 57(3)	6	5	—	—	—	—	—	—
(ii) Under Section 57(5)								
On leaving special schools	3	—	—	—	—	—	—	—
On leaving ordinary schools....	1	—	—	—	—	—	—	—
(b) By the police or by the Courts	1	—	—	—	—	—	—	—
(c) Other defectives								
(i) found "subject to be dealt with"	—	—	4	6	—	—	—	—
(ii) not "subject to be dealt with"	—	—	—	—	—	—	—	—
Total number of cases reported during the year	11	5	4	6	—	—	—	—

2 Disposal of cases

(a) "Subject to be dealt with"								
(i) Placed under Statutory supervision	8	2	1	—	21	16	53	36
(ii) Placed under guardianship*	—	—	—	—	—	—	4	6
(iii) Taken to "Places of Safety"	1	—	1	4	5	2	3	8
(iv) Admitted to Institutions	2	3	2	2	6	8	71	92
(v) Died or removed from area	—	—	1	3	—	—	—	—
(vi) Action not yet taken	—	—	—	—	—	—	—	—
(b) Not "subject to be dealt with"	—	—	—	—	—	—	—	—
Total	11	5	5	9	32	26	131	142

3 Classification of defectives in the Community on 1.1.52.

(a) Cases included in item 2(a)(i) to (iii) in need of institutional care :								
(1) In urgent need								
(i) cot and chair cases	—	—	—	—	1	2	—	—
(ii) ambulant low grade cases	—	—	—	—	6	3	—	1
(iii) medium grade cases	—	—	—	—	4	3	2	1
(iv) high grade cases	—	—	—	—	—	1	1	—
(2) Not in urgent need of institutional care :—								
(i) cot and chair cases	—	—	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—	1	1
(iii) medium grade cases	—	—	—	—	—	2	2	4
(iv) high grade cases	—	—	—	—	—	—	—	—
Total of 3(a)	—	—	—	—	11	11	6	7

(b) Number of cases in item 3(a) in need of institutional care <i>only</i> because of poor environment :—								
(i) medium grade cases	—	—	—	—	1	—	1	1
(ii) high grade cases	—	—	—	—	—	—	1	—
Total of 3(b)	—	—	—	—	1	—	2	1

	During 1951				Total as at 1st January, 1952			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M	F	M	F	M	F	M	F
(c) Number of the cases in 2(a)(i) and (ii) and 2(b)(i) suitable for :—								
(i) Occupation centre	16	11	—	14
(ii) Industrial centre	—	—	31	—
(iii) Home training	—	—	—	—
Total of 3(c)	16	11	31	14
(d) Number of cases receiving training on 1.1.52.	—	—	—	—

4 Number of Mental Defectives in Institutions, under Community care or in "Places of Safety on 1st January, 1951, who have ceased to be under care during 1951.

	M.	F.	T.
(a) Ceased to be under care	2	—	2
(b) Died, removed from area, or lost sight of	1	3	4
Total	3	3	6

5 (a) Number of mental defectives who have given birth to children while unmarried during 1951 1

	Males	Females
(b) Number who have married during 1951	1	—

(12) Priority Dental Services.

Report of the Senior Dental Officer.

Treatment of Expectant and Nursing Mothers and Children under Five years.

All forms of dental treatment for the above classes of patient were carried out at the Authority's Health Centre. Details of the service are discussed in the following paragraphs :—

(a) Dental Inspection or Examination.

The dental inspection of the expectant and nursing mothers and also the children under five were carried out as indicated in detail in the report of 1950. No alterations have been deemed necessary.

(b) Dental Treatment.

Facilities exist for a comprehensive dental treatment to be given. Some falling off in attendances was noticed when the National Health Service instituted a charge, but eventually when the patients realised that dental treatment at the Health Centre was free, attendances gradually returned to normal.

(e) All denture work is carried out at the Health Centre's Dental Laboratory.

(d) **Facilities for X-ray Examination.**

During 1951 the existing arrangements with the Queen Elizabeth Hospital for x-ray work was maintained. It is hoped that in 1952 x-ray apparatus will be installed at the Health Centre.

Tables recording treatment given to Priority Dental Services are appended.

(a) **Numbers Provided with Dental Care :—**

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	1549	797	315	220
Children under five years	736	536	525	521

(b) **Forms of Dental Treatment Provided.**

	Extractions	Anaesthetics		Filings	Scalings or scalings & gum treatment.	Silver Nitrate Treatment	Dressings	X-ray	Dentures provided	
		Local	General						Complete	Partial
Expectant & nursing mothers	301	26	103	345	135	—	50	4	91	81
Children under 5 years	970	1	497	4	—	—	1	1	—	—

(13) **Orthopaedic Treatment.** Report by A. E. Bremner, F.R.C.S.

25 orthopaedic clinics were held at Greenesfield Health Centre during 1951.

New Cases.

139 new cases were examined ; of these 88 were school children, 51 were children under school age.

Cases already under treatment.

In addition 108 old cases made 198 visits to the orthopaedic clinic. Of these 72 were school children who made 127 visits ; 33 were children under school age who made 71 visits ; 3 were tuberculosis cases who made 4 visits.

Summary of Defects.

CONGENITAL DEFECTS		New cases	Old cases	Visits
Congenital amputations	—	—	1	3
Congenital dislocation of hips	—	—	1	5
Erb's Palsy	—	—	5	5
Deformity of hands and feet	—	3	1	7
Sterno mastoid tumour	—	2	1	8
Talipes	—	1	5	12
Torticollis	—	2	2	7
	—	8	16	47
	—	—	—	—
DEFORMITIES OF FEET				
Flat feet	—	31	23	77
Metatarsus adductus	—	2	4	12
Pes varus	—	3	—	5
Other deformities	—	24	5	48
	—	60	32	12
	—	—	—	—
DISEASES OF BONES AND JOINTS				
Perthe's disease	—	—	1	1
T.B. Joints	—	—	3	4
	—	—	4	5
	—	—	—	—
NERVOUS DISEASES				
Diplegia	—	5	3	14
Hemiplegia	—	1	5	12
Monoplegia	—	2	1	7
Sequelae to poliomyelitis	—	1	7	19
Friedrich's Ataxia	—	—	1	2
	—	9	17	54
	—	—	—	—
POSTURAL DEFECTS				
Kyphosis	—	—	1	1
Scoliosis	—	4	2	13
Defective posture	—	3	1	7
	—	7	4	21
	—	—	—	—
RICKETS AND POST-RACHITIC DEFORMITIES				
Bow legs	—	5	4	19
Knock knees	—	12	22	59
Renal rickets	—	—	1	4
	—	17	27	82
	—	—	—	—

MISCELLANEOUS

			<i>New cases</i>	<i>Old cases</i>	<i>Visits</i>
Osteitis	....	....	1	—	1
Congenital Giantism	....	....	—	1	1
Osteochondroma	....	....	—	1	2
Shortening leg	....	....	4	1	11
Traumatic injuries	....	....	2	1	7
Pain spine and foot	....	....	3	—	6
Asymmetry of face	....	....	—	1	3
Fractures	....	....	3	—	8
Scald contracture	....	....	3	—	4
Schlatter's disease	....	....	1	—	1
Swelling knee	....	....	3	—	8
N.A.D.	....	....	18	3	35
			—	—	—
			38	8	87
			<i>Average</i>		
			<i>25 cases</i>		
			<i>26 cases</i>		

Appliances.

9 school children were recommended appliances ; 10 were supplied.
3 pre-school children were recommended appliances ; 5 were supplied.

Alterations to shoes (valgus wedges) were carried out during the year as follows :—

Education	....	....	137 cases
Maternity and child welfare	....	....	79 cases

Treatments.

20 operations were performed at Queen Elizabeth Hospital, as follows :—

Amputation toes	....	2	Arthrodesis wrist	....	1
Plantar fasciotomy	....	1	Muscle transplant	....	3
Torticollis	....	3	Aspiration knee	....	1
Loose body elbow	....	1	Tendon repair	....	1
Chondroma	....	1	Club hand	....	1
Congenital dislocation hip	....	1	Manipulation & P.O.P. feet	....	4

PHYSICAL TREATMENTS**Postural re-education**

		<i>No. of patients</i>	<i>No. of treatments.</i>
Poor posture			
Kyphosis			
Lordosis			
Kypho lordosis			
Post lateral curvature			
		86	626

Walking re-education

Flat feet	....	
Valgus ankles	....	
Genu valgum	....	
		407	2661

Chest-breathing exercises

Asthma	....	
Asthmatic bronchitis	....	
Pneumonia	....	
Chronic bronchitis	....	
Bronchiectasis	....	
Atelectasis	....	
Poor chest expansion	....	
		50	319

		<i>No. of patients.</i>	<i>No. of treatments.</i>
Traumatic injuries	....	8	71
Flexion contracture right hand	....	1	3
Spastics	....	7	78
Post-polio-myelitis	....	5	71
Torticollis	....	5	151
Congenital flat foot	....	1	18
Congenital dislocation hip	....	1	30
Poor ambulation and posture	....	9	65

Completion of Treatment.

The following patients were discharged from treatment :—

Pre-school children	....	....	27
School children	....	....	214

C. Local Executive Council Service.

(Part IV of the National Health Service Act).

Through the kindness of Mr. K. N. Ogden, Secretary of the Local Executive Council, I am able to furnish the following information about the council service, which cost £287,564 in the financial year ending March, 1952, or an average cost per person of £2 10s. 0d.

(1) General Medical Service.

115,082 persons were registered on the list of doctors in the area, which points to an over-inflation of the doctors' list to the extent of roughly 1,500. Altogether there were 74 doctors on the medical list, of whom 40 reside in and have surgeries in Gateshead. These doctors include three partnerships of three, four partnerships of two, and four doctors each with an assistant. Two of the partnerships of three employ assistants. Of the 19 single doctor practices, 5 are not fully effective from the general practitioner standpoint for various reasons.

The average number of patients on the doctors' list was 3,023. Excluding non-resident doctors, the average rises to 3,155. 2 doctors have more than 5,000 patients and 7 more than 4,000 patients.

In the obstetric list, 26 resident doctors of the Borough have been included, and 673 women received maternity medical attention during 1951. In 430 cases the doctor was present at the confinement, 5611 patients received the full maternity service and 101 received attendance during the ante-natal period, while 11 patients received attention only during or after delivery. Medical practitioners were summoned by midwives on 209 occasions, and in 50 instances the doctors concerned were not on the obstetric list.

The costs of the medical service during the year ended 31st March, 1952 were as below :—

		£	s.	d.
Capitation fees .....	.....	93,178	11	5
Fixed annual payments .....	.....	668	18	7
Temporary residents .....	.....	499	10	0
Maternity medical service .....	.....	4,970	17	6
Superannuation (Council's Share) .....	.....	5,082	11	0
Total.....	.....	104,400	8	6

(2) Pharmaceutical Services.

There were 29 pharmacies under agreement to dispense medicines, drugs and scheduled appliances, while two shops outside the Borough were under agreement for the supply of surgical appliances.

(3) Dental Service.

There are now 25 dentists on the list, including one partnership of three and three dentists practising with assistants. Through the passing of the National Health Service Act, 1951, a charge was imposed from the 21st May, 1951 for the supply of dentures. The cost of this service during 1951 was £56,633 9s. 3d., a reduction of £25,398 19s. 0d. on the previous year.

(4) Ophthalmic Service.

Six ophthalmic medical practitioners and 22 ophthalmic opticians were under agreement with the ophthalmic services committee to test sight and dispense glasses. One dispensing optician is also under contract with the council. Three of the ophthalmic practitioners and 12 of the opticians and the dispensing optician practise outside the Borough. The cost of sight testing amounted to £5,968 9s. 0d., as against £9,222 10s. 6d. in the previous year. The cost of the supply and repair of glasses was £12,851 1s. 1d., as compared with £36,478 19s. 4d. in the previous year. Taken altogether there was a reduction of nearly 59 per cent in the cost of the ophthalmic service due to the provision of the National Health Service Act, 1951, requiring a contribution towards the cost of the spectacles. Applicants paid £4,530 9s. 5d. to their opticians. Out of 8,066 persons who applied for a sight test, 5,516 were prescribed a single pair of glasses, 350 bifocal glasses and 1,229 two pairs of glasses, while one applicant required three pairs. 679 persons did not need glasses and 291 persons required medical treatment rather than glasses. 292 school children broke or lost their glasses during the year, and no claim was made on the local education authority for re-imbursement. 16 patients prescribed glasses failed to collect them, costing the service £34 12s. 5d. 980 sight tests were given to children of school age and under at the Greenesfield Health Centre by the Ophthalmologists Mr. H. Vernon Ingram and Mr. J. S. Arkle.

D. Other Health Services.

(1) School Health Service and Clinics.

In Gateshead, the treatment arrangements for children of school age and under have been unified so that minor ailments, ophthalmic, orthopaedic, dental and artificial sunlight treatment is available to children under 15 years of age.

For the purposes of making the survey of the local health services comprehensive, the following statistics of the annual report on the school medical service are included. School children on the register at the end of the year numbered 17,070. Of these, 4,899 were submitted to routine medical examination on entrance, at 11 years of age, and on leaving. 50.5 per cent of the parents of children examined by routine were present at the inspection. The nutrition of the children examined at school medical inspection was assessed as good in 91.6 per cent of the children, a satisfactory figure for Gateshead. 3,755 children attended the minor ailments clinic. 721 school children were prescribed spectacles for errors of refraction but the waiting list for ophthalmic investigation at the end of the year numbered 322 names. The orthoptic service, which was started in 1948, continued during the year, when 246 children received treatment.

The special school for physically handicapped children at "The Cedars", Low Fell, and the school for educable mental defectives at Hyndley Hall had not yet begun to function by the end of 1951.

(2) Gateshead Dispensary.

In the case of the Gateshead Dispensary, a clinic for the treatment of psychosomatic conditions has been carried on by Dr. J. C. Hall, since the appointed day under the National Health Service Act. I am indebted to Dr. Hall for permission to include the following extracts from his annual report :—

"The number of patients attending the clinic during the year for treatment and advice was 67. There were 30 patients on the list in January, and 26 were carried over into 1952. It is worthy of note that the total for this year is exactly the same as the total for 1950.

The particulars of the patients dealt with are as follows :—

	Anx- iety	Asth- ma	Adol- esc- ence	Hyster- ical paral- ysis	Chil- blains	Depres- sion	Diab- etes	Epile- psy	Mi- graine	Meno- pause	Organic disease
Men	10	1	—	—	—	4	1	1	1	—	2
Women	17	3	1	1	1	2	—	—	6	3	1

	Re- adjustment	Sex repression	Sex pervert	Tic	Trauma
Men	2	1	1	1	1
Women	—	2	1	—	3

The particulars of the patients who ceased to attend during the year are as follows :—

	Improved	Removed	To hospital	Died	Casual	Ceased	Total
Men	5	1	2	1	5	2	16
Women	12	2	1	3	3	2	23
							39

The number and particulars of the sessions throughout the year are as follows :—

	1950	1951	Difference		1950	1951	Difference
Day sessions	782	748	-34	Gas sessions	107	35	-72
Evening sessions	273	185	-90	Hypnosis sessions	—	73	+73
Saturday sessions	71	70	-1	Visits	—	15	+15
Totals	1126	1001	-125				

The total number of sessions for the year was 1,001. Comparing the present figures with those of 1950, we find that there were 34 fewer day sessions, and 90 fewer evening sessions.

Of the total of 67 patients seen during the year, 25 came from Gateshead and 17 from Newcastle, the two together making slightly more than half the total. The rest came from twelve different localities, as near as Dunston and as far away as Leeds."

(3) Propaganda and Health Education.

The Local Authority continues to use the literature and exhibition material of the Central Council for Health Education, to which body it is a subscriber. One exhibition frame was purchased from the Council during the year for permanent use in the health centre. The paper "Better Health" continues to be circulated in the welfare centres, and birthday cards and propaganda leaflets are used in connection with the immunisation and vaccination schemes.

The following talks were given during 1951 by members of the staff to the following groups :—

	Subject	Audience
Dr. James Grant, Medical Officer of Health	Public Health in Gateshead	Gateshead Y.M.C.A.
Dr. M. B. Herbst, Deputy Medical Officer of Health	Food Hygiene and Vitamins	Ministry of Food
Dr. James Grant and Mr. W. A. Mears, Chief Sanitary Inspector	Food Hygiene (4 lectures)	Licensed Trades
Miss I. M. Bradley, Health Visitor	Infant Welfare	Mother's Union attached to St. Mary's Parish Church.

PART III. PREVENTION AND TREATMENT OF DISEASE.

A. Infectious Diseases.

Summary of cases coming to the knowledge of the Health Department in 1951.

Disease.	Cases notified (or otherwise known)	Removed to isolation hospital	Corrected No. of cases	Deaths in area	Deaths in hospital
Notifiable.					
Scarlet fever	154	115	149	—	—
Whooping cough	236	6	231	—	—
Diphtheria	15	16	2	—	—
Measles	1282	19	1283	2	1
Acute primary & influenzal pneumonia	277	166	257	64	17
Meningococcal infection	34	38	15	5	4
Acute poliomyelitis					
paralytic	4	5	3	2	2
non-paralytic	—	—	—	—	—
Acute encephalitis					
infective	3	2	3	2	2
post infectious	1	1	2	—	—
Dysentery	128	14	120	—	—
Ophthalmia neonatorum	1	—	2	—	—
Puerperal pyrexia	11	4	11	—	—
Paratyphoid fever	—	3	3	—	—
Erysipelas	23	8	19	1	—
Scabies	25	2	25	—	—
Tuberculosis					
pulmonary	257	10	227	52	2
non-pulmonary	34	24	38	13	3
(miliary)	—	—	(13)	(10)	(8)
Food poisoning	10	8	8	—	—
Non-notifiable.					
Chickenpox	29	2	Unknown	—	—
Mumps	36	—	Unknown	—	—
Diphtheria carriers	1	1	1	—	—
Rubella	—	—	—	—	—
Ringworm	59	—	59	—	—
Gastro-enteritis	Unknown	16	Unknown	8	3
Dysentery carriers	98	—	98	—	—
Salmonella carriers and cross infections	11	8	11	—	—

Altogether, there were 2,386 cases of notifiable disease within the Borough, as compared with 3,472 last year, the difference being mainly due to the lesser prevalence of measles in 1951.

Despite the reduction in the incidence of notifiable infectious disease, it is noteworthy that practically all the common infectious diseases were prevalent at some time or other during the year, which opened in the midst of a severe influenza epidemic associated with mortality among the aged.

(1) Notifiable Diseases.

Scarlet fever was sporadically prevalent throughout the whole year, the number of cases being among the lowest recorded in a year. Over two-thirds were removed to hospital, where the disease was observed to be unusually mild and uncomplicated. The seasonal variation of prevalence was quite unmarked. In Gateshead, the necessity for hospitalisation of scarlet fever arose from the bad housing conditions and over-crowding, which are prevalent in the town. As long as accommodation is available for scarlet fever, isolation in hospital for a period of two to three weeks is not discouraged.

Whooping Cough. During 1951, whooping cough, sporadically prevalent throughout 1947-1949, and in minor epidemic form in 1950 from April to September, showed a continual sporadic prevalence throughout the year, with an exacerbation from the beginning of February to the end of August. There were fortunately no deaths from the disease. As facilities have been widely made use of in Gateshead for several years to carry out the combined and separate immunisations against whooping cough, it is only proper to record the view that these have been productive of a diminution of the incidence and severity of the disease. As it is much more difficult to get information as to the prevalence of whooping cough than of diphtheria, the mitigating effect of immunisation cannot be absolutely demonstrated. It is noteworthy that the severest cases in hospital have been seen among children who have not been immunised against whooping cough. An additional factor in mitigating the severity of whooping cough has been the introduction of the new antibiotics, chloromycetin and aureomycin, which, given early in the disease, exercise considerable benefit in its course.

Diphtheria. The corrected number of true diphtheria cases in Gateshead was 2, one an anterior nasal diphtheria who relapsed after hospital treatment into the nasal carrier condition, and one a moderately severe tonsillar diphtheria devoid of complications. The infection in both cases was of the mitis strain. Neither of the two cases had been immunised.

5 contacts were examined, one of whom subsequently removed to hospital, proved to be a diphtheria carrier also.

It is necessary to emphasise that the procedure of swabbing the suspicious throats and of giving prophylactic antitoxin has fallen into disuse, a habit that may cause concern should diphtheria return to this area.

Measles. In 1951, a measles epidemic began in the third week of March, reached a peak in the beginning of April, continued a high prevalence to the last week of June, and rapidly fell to the third week of July.

This prevalence was variable during the school holidays and in the second week of September began to increase, remaining at a high level until the end of the year.

The numbers involved in this continued high prevalence were only a little more than half of the previous year, but when the curve of incidence as judged by notifications since 1941, is studied, it is evident that the behaviour of measles in these last four years is peculiar, for each year has been distinguished by an epidemic in the spring.

There were 2 deaths from the disease, one occurring in hospital, to which an infant of ten months was removed in a moribund condition due to complicating bronchopneumonia.

Some data regarding the prevalence of measles in relation to age has been gathered from the notification records over the last eleven years. These are presented in the two tables below, from which it will be seen that the maximum incidence falls in the third and fourth years of life in Gateshead, two-thirds of the cases occurring before the child enters school. The proportion of the incidence falling on pre-school children has tended to rise in the last five years, while the disease is seldom encountered in adults. This behaviour of measles in concentrating on pre-school children has been noted before in industrial communities, whereas in rural communities the disease tends to concentrate on the school entrant class. Among the children of school age who contract measles, two-thirds are aged 5 years.

Incidence of Measles in relation to Age.

Year	Total	M	F	Total under 1 year	Years									
					1- 2	2- 3	3- 4	4- 5	5- 10	10- 15	15- 20	20- 35	35- 45	45- 65
1941	1584	779	805	90	224	200	238	232	582	9	2	6	—	1
1942	1081	542	539	43	79	111	125	147	479	60	17	18	1	1
1943	1474	768	706	93	186	206	233	241	484	20	3	4	3	—
1944	962	501	461	64	105	116	127	133	403	9	1	3	1	—
1945	750	381	369	62	113	141	124	123	172	10	2	3	—	—
1946	1188	637	551	72	123	201	192	163	410	22	1	3	—	1
1947	650	337	313	52	91	133	112	96	157	6	1	2	—	—
1948	1282	647	635	70	221	258	217	177	323	12	1	2	—	1
1949	459	220	239	34	53	114	63	69	125	1	—	—	—	—
1950	2144	1124	1020	131	280	413	458	301	554	6	1	—	—	—
1951	1282	658	624	73	189	261	245	205	302	3	—	4	—	—
	12856	6594	6262	784	1664	2154	2134	1887	3991	158	29	45	5	4

Pre-school 8623

67.07%

School age

4149

32.27%

Year	Total	Pre-school		School age		Adults
		Total	Percentage	Total	Percentage	
1941	1584	984	62.12	591	37.31	9
1942	1081	505	46.72	539	49.86	37
1943	1474	959	65.06	504	34.19	11
1944	962	545	56.65	412	42.82	5
1945	750	563	75.07	182	24.26	5
1946	1188	751	63.21	432	36.36	5
1947	650	484	74.46	163	25.07	3
1948	1282	943	73.63	335	26.13	4
1949	459	333	72.55	126	27.45	—
1950	2144	1583	73.83	560	26.12	1
1951	1282	973	75.89	305	23.79	4
	12856	8623	67.07	4149	32.27	84

Pneumonia and Influenza. The year began with a carry-over of the short-lived influenza epidemic which appeared on the 9th December, 1950, and extended to February 17th, 1951. During this period, there was a sharp rise in the incidence of influenza, pneumonia and bronchitis, as shown by the associated deaths, which reached a maximum in the second week of the year when deaths from influenza numbered 12, from pneumonia 11 and from bronchitis 9.

A survey was taken of the staff illness due to influenza in the local hospitals, the public health department and the transport and cleansing department. During the period of the epidemic 244 cases of influenza occurred among 1,118 staff, all of whom were adult. In the Queen Elizabeth Hospital, Sheriff Hill Hospital and the Public Health Department the incidence was roughly 1 in 4, whereas in Bensham Hospital and in the Transport and Cleansing Department the incidence was roughly 1 in 6.

During the period of the epidemic, 38 deaths from influenza were recorded, 37 deaths from pneumonia and 58 deaths from bronchitis. Of these deaths, 78 occurred in persons over 65 years of age, and during the same period there were only 4 deaths of infants under one year and no deaths of children aged 1—15 years. Judged by admissions to hospitals, the incidence of influenzal pneumonia was mainly in the age group of 45 and over, but as the epidemic passed an increasing number of infants were admitted to hospital with pneumonia, so that in February out of 54 notifications, 25 were infants in the first year of life. This immunity of young children from influenza and its complications was checked and verified in the day nurseries, where the disease affected the staff without affecting the children.

It is interesting to review the history of epidemic influenza in Gateshead in comparison with the national prevalence. In 1890 and 1891, the deaths from influenza, pneumonia and bronchitis were high and a similar phenomenon occurred in 1900, but the really virulent outbreak of influenza in 1918 and 1919 affected Gateshead as badly as any other part

of the country. In 1920 and 1921, Gateshead escaped, but in 1922 there was an epidemic felt much more severely in Gateshead than apparently was the experience in the nation as a whole. Certification of deaths from influenza has gradually tapered off in the absence of epidemics, until the winter of 1950-51. Serum from a number of patients was sent to the Medical Research Council Laboratory service, where agglutination was reported against the Virus A Prime strain of influenza, which it is believed was imported from Scandinavia. The only other area in the country severely affected by this wave of influenza was Merseyside, where the disease was even more severe than in the north-east.

Throughout the rest of 1951, pneumonia continued its sporadic prevalence until the last two months of the year, when there was a gradual rise in incidence. This increase was probably seasonal and related to climatic conditions.

Meningococcal Infection. There were 15 cases of proven meningococcal infection in Gateshead, 3 from the septicaemic form, all of whom died, and 12 from the meningitic form, all of whom recovered. The organism responsible for these conditions seems to be acquiring a degree of resistance to chemotherapy and antibiotics.

Poliomyelitis and Encephalitis. Poliomyelitis in the paralytic form was only seen three times in Gateshead, all the cases being mild and transient. On the other hand numerous cases of encephalitis, of which 2 were fatal, were seen. 2 of these were the sequel to mumps. The fatal cases included an infant with follicular tonsillitis and convulsions, in whom post-mortem examination confirmed the presence of encephalitis despite normal findings in the cerebro-spinal fluid, and a child of two years who suffered an acute ascending paralysis, and in whom there were changes in the cerebro-spinal fluid. During the months of June, July, August and September, an outbreak labelled 'benign lymphocytic choreo-meningitis' was widely reported to have occurred at Boldon. Similar cases were received in the City Hospital, Walker Gate, where the condition was considered most likely to be of virus infection. In other parts of the country, a prevalence of a similar infection of the nervous system was classified as acute aseptic meningitis. In Gateshead, it appears that 10 patients belonged to this group, the characteristics of which were the sudden onset of severe headache with some spinal rigidity, slight pyrexia and a tendency to recover spontaneously with lumbar puncture. In most of the cases seen in hospital there were abnormalities in the cerebro-spinal fluid, such as increased cell counts, increased protein content, but normal chloride and sugar content. This condition was undoubtedly infective, as one of the Gateshead patients was a nurse in hospital who contracted it as a preliminary tonsillitis, followed by meningeal symptoms. It is very difficult then to relate the hospital experience to the notification figures. The disease was at first considered to be benign lymphocytic choreo-meningitis and therefore not notifiable, but in the light of subsequent experience it would appear more accurate to consider that in Gateshead there had been 10 cases of virus encephalitis in the area. This

small outbreak might have been better investigated, but facilities for virus culture are non-existent in the north of England.

One case of poliomyelitis belonging to the 1950 prevalence died suddenly while convalescing in the isolation hospital. This child had had a fairly widespread paralysis of the muscular system including the diaphragm, and had to be treated in the mechanical respirator for several weeks. She survived two attacks of pneumonia, but finally expired from an attack of syncope.

Dysentery has now apparently become a chronic endemic disease in this area. 128 genuine cases came to light, and investigation of the familial contacts revealed 98 carriers who were supervised until non-infective, as were the cases. Infective carriers were suspended from work in 5 cases, the wages being paid in two cases under the regulations of the Public Health Act. 48 of the known cases of dysentery occurred in the children of the day nurseries.

There seems to be a fairly large number of carriers of dysentery and salmonella organisms in the town, for in the follow-up of the numerous known dysentery symptomless carriers, which by no means represents all the carriers, one comes across other infestations by salmonella organisms, mainly *S. Typhimurium*.

Enteric Fever. There was no typhoid fever in 1951, but 2 cases of paratyphoid fever Phage Type 1 A. were dealt with in hospital, together with a third case in whom the organism was not isolated, although agglutination tests were positive. The source of infection in these sporadic cases was not traced.

Scabies was notified in 25 cases, all of whom received the appropriate treatment, mainly from the family practitioners.

(2) Non-Notifiable Diseases.

Chickenpox was fairly prevalent in the first three months of the year, and a number of cases were referred to the Medical Officer of Health because of the Brighton Smallpox epidemic. The disease also was noted in the day nurseries.

36 cases of mumps were noted to have occurred among the nursery children, mainly during April.

Rubella was non-epidemic.

Ringworm of the scalp and the body has been fairly prevalent in the north-east of England during 1951. 9 cases of ringworm of the scalp and 50 cases of ringworm of the body were successfully treated. X-ray and Thallium epilation was practised by the dermatologist, Dr. T. Parkin, in appropriate cases.

(3) Supervision of Contacts.

12 contacts of infectious disease from outside the area were investigated during the year, 11 of these being related to cases of smallpox and 1 to a case of poliomyelitis.

(4) Infestation and Uncleanliness.

The routine measures for the suppression of body and head vermin and the appropriate disinfection continued mainly through the school medical service, while the sanitary inspectors' department dealt with the suppression of insect pests and rodents.

B. Suspected Food Poisoning and Salmonellosis.

The following table is the annual statement required by the Ministry of Health :—

**ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS
(CORRECTED).**

(1) *Local Authority*—Gateshead. *Year*—1951.

(2) *Food Poisoning Notifications (corrected) Returned to Registrar General :*

	1st qtr. 2	2nd qtr. 1	3rd qtr. 5	4th qtr. —	Total 8
Add cross infections and associated cases not notified	34	5	—	39

(3) *Outbreaks due to Identified Agents.*

Total outbreaks	....	2	Total cases	....	36
Familial	....	1	Familial	....	4
Cross infections			Cross infections		
institutional	....	1	institutional	....	32
Outbreaks due to :—					
(a) Chemical poisons	....	....	....	nil	
(b) Salmonella organisms	....	....	....	nil	
(c) Staphylococci (including toxin)	....	....	....	1—4 cases (S. Aureus)	
(d) Cl. Botulinum	....	....	....	nil	
(e) Other bacteria	....	....	....	1—32 cases in 1st quarter, probably due to anaerobic C. Welchii.	

(4) *Outbreaks due to undiscovered cause.*

Total outbreaks	nil	Total cases	nil
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(5) *Singles Cases*

Agents identified.		Unknown Cause	Total
S. Rubislaw	1	Nil
S. Typhimurium	3	11
plus 7 infants cross infected in Isolation Hospital with S. Typhimurium at various times, and not notified—2 in 1st qtr, 5 in 2nd qtr—counted above.			
plus 2 carriers of S. Typhimurium discovered accidentally, one a case notified and confirmed as Sonne Dysentery, and one as a contact of a familial Sonne Dysentery outbreak. The latter carrier ultimately contracted Sonne Dysentery—not counted above			

An outbreak involving a considerable number of patients in the Fountain View Welfare Hostel came to light in March, 1951, when, on Saturday the 10th, it was reported that about 30 of the residents were ill with diarrhoea which began the preceding night. Investigations of the diet focused suspicion on a jelly prepared the night before and on some mince which was prepared two days before and kept in the refrigerator until it was cooked immediately before being issued to the patients. None of the food consumed on the 9th March was available for sampling either bacteriologically or chemically, but samples of the jelly prepared for consumption on the 10th, being made from the same jelly crystals as were used on the 9th, were secured for bacteriological examination. From 16 of the residents affected a heat resistant organism identified as *C1. Welchii* was isolated. The sample of prepared jelly also showed the presence of *C1. Welchii*, and a number of the staff who were quite symptomless harboured *C1. Welchii*. The symptoms were short-lived. This was an outbreak undoubtedly due to *C1. Welchii* or its toxin, but the method of its transmission or the nature of the food infection is not clear.

To simplify matters in future a small portion of every foodstuff consumed is being retained at least 24 hours, and attention has been directed to improvement in the hygiene of the preparation of food, particularly the condition of the dishes in which it is served.

The second outbreak was an incident on August 17th, when 4 patients, a man and his wife and two distant relatives appeared at the Queen Elizabeth Hospital with a sudden attack of vomiting beginning approximately one hour after consuming sandwiches made with cooked ham. Samples of vomit and faeces from the four patients revealed coagulase positive *Staphylococcus Aureus*. The ham which was tinned, had been opened in a shop and the shopkeeper, her son and an assistant were subjected to throat and nose swabbing. The shopkeeper harboured coagulase positive *Staphylococcus Aureus* in both nasal and throat swabs, as also did the shop assistant. A sample of the ham taken from the shop proved to be sterile. About four pounds of this ham had been sold in small amounts, but no other cases of illness were reported. It appeared that the ham which caused the illness in the four persons was contaminated at the time of serving by one of the infected shop assistants. The patients were detained in hospital for three days.

In addition to the foregoing, 4 single cases of *Salmonella* infection causing symptoms came to light in the town, 3 being due to *S.Typhimurium* and one to *S. Rubislaw*. In addition, there were 7 cross-infections of infants by *S. Typhimurium* at various times in the Sheriff Hill Isolation Hospital.

An interesting point in connection with salmonellosis is that two carriers of *S. Typhimurium* were discovered accidentally, one a case notified and confirmed as Sonne Dysentery, and the other a contact in a familial Sonne Dysentery outbreak.

C. Tuberculosis.

(Report by Dr. S. D. Rowlands, Chest Physician, Gateshead).

Chest Clinic.

There has been no change in the routine work of the chest clinic during the year under review. The area covered includes Felling, Pelaw and Wardley in addition to the County Borough of Gateshead, with a population estimated over 150,000. The following data refers to Gateshead cases only :—

Dr. N. J. Anderson, who was appointed Registrar Chest Physician on March 29th, 1950, resigned in April, 1951, and Dr. Joyce Vasey was appointed locum registrar and began work on May 17th, 1951, and has continued to date.

The clinic is open every morning for medical examinations from 9 a.m.—12 noon, and an evening clinic is held twice a month from 5—6.30 p.m.

During 1951, there was a further increase in the attendances of cases at the chest clinic. The record number of 3,606 new cases attended for the first time. The majority of these cases first attended at the X-ray clinic, which is held on Saturday mornings at Whinney House Hospital.

These 3,606 patients included 790 contacts and 18 notified cases transferred from other districts. The remaining 2,798 patients were sent by the general practitioners of the area, the school medical officers, or came of their own accord for examination.

The total attendances of new and old cases at the chest clinic numbered 10,197. 266 clinical sessions were held during the year, making an average attendance at each clinic of 38.4.

Of the 790 contacts examined for the first time, 29 were found to be tuberculous (M. 4., F. 6., Ch. 19.) and referred for treatment. In 15 cases a diagnosis had not been made by the end of the year. The remainder revealed no evidence of active disease at the time of examination, although many had been infected and will be kept under observation.

In the other 2,816 new cases, 242 were definitely tuberculous when first seen and were notified. In 51 a diagnosis had not been made at the end of the year. The remainder were referred back to their doctors as non-tuberculous.

During the year, 143 patients (M. 42., F. 50., Ch. 51) were removed from the clinic register as recovered. 38 cases (M. 14., F. 20., Ch. 4) removed from the district and 15 cases (M. 8., F. 5., Ch. 2) were taken off the register for other reasons.

The total number of patients still on the notification register at the end of the year was 1,269, made up as follows :—

<i>Pulmonary tuberculosis</i>	Males	595	<i>Non-pulmonary tuberculosis</i>	Males	56
	Females	529		Females	89
	Total	1124		Total	145

1. Statistics.

Primary Notifications (Gateshead cases only).

271 new cases of tuberculosis were notified during 1951 as follows :—

<i>Pulmonary</i>	Males	126	<i>Non-pulmonary</i>	Males	18
	Females	111		Females	16
	Total	237		Total	34

The cases of other tubercular diseases were made up as under :—

Bone and joints	....	....	....	4
Abdomen	....	....	....	4
Other organs	....	....	....	3
Peripheral glands	....	....	....	9
Miliary	....	....	....	4
Meningitis	....	....	....	10

There was an increased morbidity of 5 cases of pulmonary tuberculosis, compared with the previous year, and a decrease of 9 other tubercular diseases, leaving a nett reduction of 4.

To be deleted from the total notifications are 15 cases of pulmonary tuberculosis (M. 8., F. 7.), whose notifications were cancelled subsequently as non-tuberculous. 5 cases of pulmonary tuberculosis and 4 cases of other tubercular disease died unnotified, and these must be added to the total.

The nett total of new cases added to the register was therefore :—

Pulmonary tuberculosis	....	....	227
Other tubercular diseases	....	....	38
Total	....	....	265

The incidence rates for 1951 (calculated on a population figure of 114,700) are :—

Pulmonary tuberculosis	....	....	1.9 per 1000
Other tubercular diseases	....	....	0.33 per 1000
Total (all forms)	....	....	2.3 per 1000

The great majority (60.88%) of the notified new cases were seen prior to notification by the chest physician. Only 29 of the new notifications were not seen by the chest physician during the year. Of these 4 died in hospital and 3 at home within a few days of notification, 2 cases were

cancelled shortly after notification and 1 removed before being seen. Of the remainder, 11 were still in various hospitals in the region at the end of the year and 8 remain to be interviewed.

There was a total increase of 46 cases on the notification register at the end of 1951, compared with the previous year.

The reason for this increase can be attributed to the considerably fewer deaths occurring.

It is very disquieting to note that tuberculosis morbidity still maintains a high rate in this district and shows no signs of any reduction during the past ten or more years. The reduction in the death rate is very satisfactory, but this also means that there is an increased number of infected individuals alive in the community who are potential sources of infection to others, and it may be that, instead of a reduction in the incidence of tuberculosis occurring in the future, there may be an increase, unless other methods of combating the spread of infection, such as improved housing, isolation of infectious cases, B.C.G. vaccination, and complete facilities for the treatment of infectious cases, be carried out vigorously.

The following table sets out the nett number of new cases notified, with the notification rates for the past 10 years :—

Year	No of cases notified			Incidence rates per 1,000 population		All forms
	P.T.	O.T.D.	Total	P.T.	O.T.D.	
1942	208	80	288	1.98	0.76	2.74
1943	219	48	267	2.11	0.46	2.58
1944	244	55	299	2.33	0.52	2.86
1945	218	52	270	2.06	0.49	2.55
1946	228	47	275	2.01	0.42	2.43
1947	237	34	271	2.08	0.29	2.37
1948	232	47	279	2.01	0.41	2.42
1949	250	30	280	2.17	0.26	2.43
1950	220	41	261	1.9	0.35	2.25
1951	227	38	265	1.97	0.33	2.30

2. Deaths.

The Registrar General's return of tuberculosis deaths for 1951 is as follows :—

Pulmonary Tuberculosis		Other tubercular diseases	
Males	29	Males	4
Females	18	Females	7
Total	47	Total	11

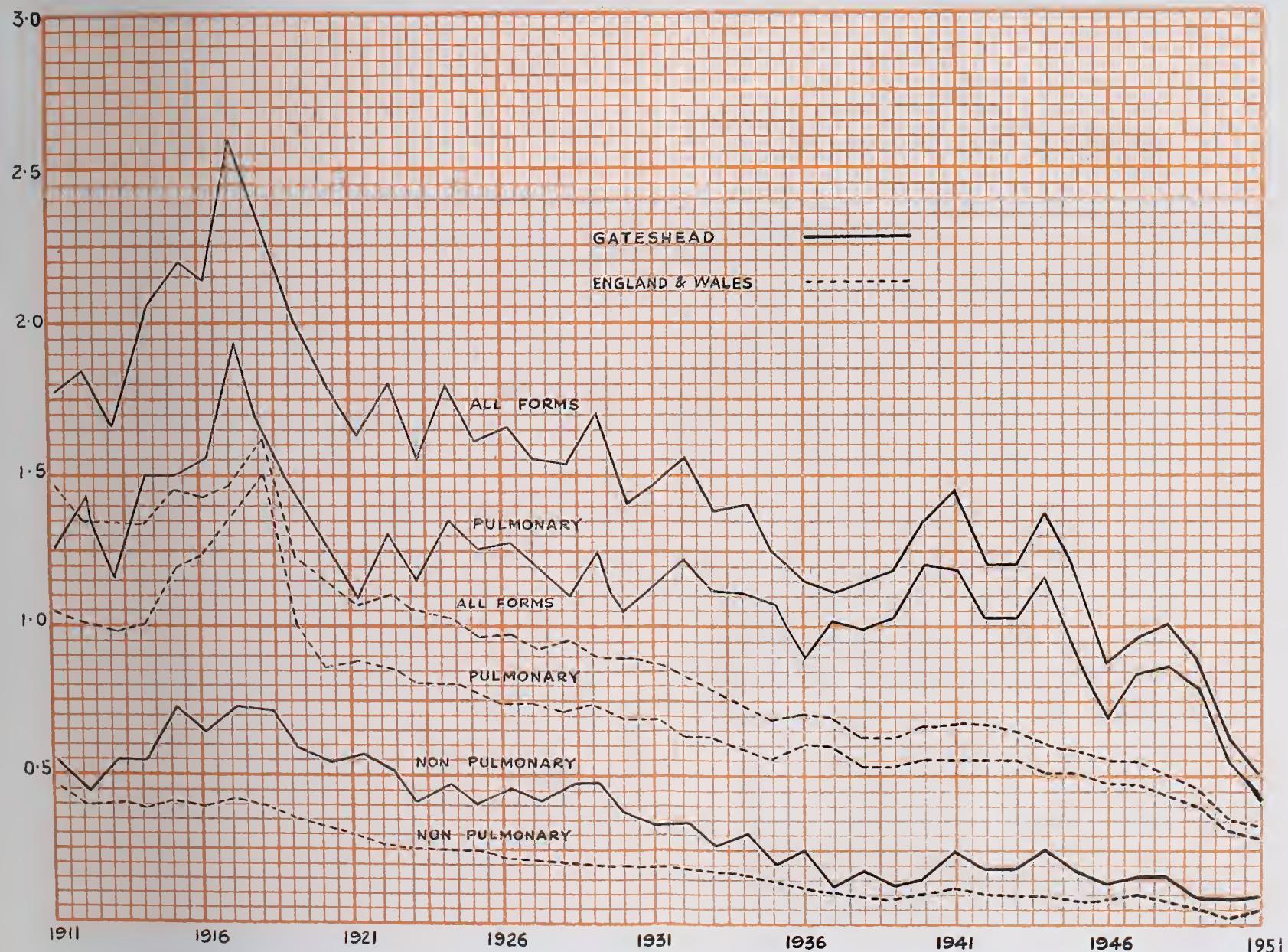
County Borough of Gateshead

TUBERCULOSIS

DEATH RATES per 1,000 population

1911 - 1951

Rate per
1,000



These figures show a further remarkable fall in the Gateshead tuberculosis death rate, being 14 fewer than the previous low record of 1950.

In addition to the above, 2 deaths occurred in tuberculous cases due to some other cause.

The death rates for 1951 were :—

Pulmonary tuberculosis	.....	0.41 per 1000
Other tubercular diseases	.....	0.09 per 1000
Total (all forms)	.....	0.5 per 1000

These rates compare with those for England and Wales for 1951 as follows :—

Pulmonary	.....	0.27
Other tubercular diseases	.....	0.041
Total (all forms)	.....	0.311

The following table gives a resume of the death rates for the decennium 1942—1951 :—

Year	Total deaths			Death rate per 1000 population		
	P.T.	O.T.D.	Total	P.T.	O.T.D.	Total
1942	107	19	126	1.02	0.18	1.2
1943	106	20	126	1.02	0.19	1.21
1944	122	22	144	1.17	0.21	1.38
1945	98	27	125	0.928	0.25	1.18
1946	75	21	96	0.667	0.187	0.855
1947	93	17	110	0.81	0.15	0.96
1948	99	18	117	0.86	0.15	1.01
1949	91	10	101	0.79	0.087	0.87
1950	64	11	75	0.55	0.09	0.64
1951	47	11	58	0.41	0.09	0.5

The continued decline in the death rate can be attributed to the improved prognosis in tuberculosis resulting from new forms of treatment, especially from exhibition of new drugs. Unfortunately these drugs cannot "cure" a case, and are tending to be used rather indiscriminately in unsuitable cases, which may result in a strain of organism insensitive to them and persons subsequently infected will not be able to gain benefit from their use. Careful control of the treatment of tuberculosis cases is therefore essential, and this is still best obtained under specialist supervision in hospital or sanatorium.

The age distribution of new cases and deaths is given in the appended table :—

Age Periods	New cases				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0—1	1	2	—	1	—	—	1	—
1—5	10	4	5	5	—	1	—	2
5—10	9	9	2	—	—	—	—	—
10—15	18	14	2	1	—	—	—	—
15—20	15	21	5	5	1	1	—	1
20—25	16	24	2	5	2	5	—	1
25—35	22	32	4	1	4	5	1	—
35—45	16	7	—	2	4	2	1	1
45—55	18	4	—	2	10	4	—	—
55—65	17	2	1	—	5	—	1	—
65 & up	4	1	—	2	3	—	—	2
Totals	146	120	21	24	29	18	4	7

It will be noticed that the greatest mortality in females remains in the age groups 15—35, while in males it extends to a much later period of life.

The figures in the table include all primary notifications and also others coming to the notice of the Medical Officer of Health from the following sources :—

			Pulmonary tuberculosis	Other tubercular diseases
(a)	Local registrar	....	2	1
(b)	Registrar General	....	3	3
(c)	Posthumous	....	1	—
(d)	Inward transfers	....	17	3
(e)	Outward transferable deaths	....	6	4

Details of the time elapsing between notification and death is of interest from the point of view of early diagnosis, which is of such paramount importance in prognosis.

The figures for 1951 are :—

Deaths under 1 month from notification	.....	.....	8
,, from 1—3 months from notification	.....	.....	9
,, „ 3—6 „ „ „ „ .....	.....	.....	2
,, „ 6—12 „ „ „ „ .....	.....	.....	2
,, „ 1—2 years „ „ „ „ .....	.....	.....	5
„ over 2 years „ „ „ „ .....	.....	.....	31

These figures exclude cases dying un-notified.

From these figures it will be seen that 29.3% of the deaths occurred within 3 months of notification, which is evidence of the fact that still far too many patients do not seek advice from their doctor until their illness is far advanced. This is usually the result of ignorance and fear.

It is estimated that at the end of the year there were 151 infectious cases of pulmonary tuberculosis (i.e. cases whose sputum had been positive within the past 6 months) on the clinic register. Of these 32 were in various institutions receiving treatment, leaving 119 in their own homes and potential sources of further infection. Many of these cases are living under satisfactory conditions and carry out all advised means of preventing infection, but there are unfortunately others whose home conditions are bad and overcrowded and it is in these cases that further family infection is so liable to happen. Fortunately it is true to say that the great majority of patients known to be infectious do carry out advised precautionary measures, and danger of infection from them is reduced to the minimum. Probably the greatest source of infection occurs in the unknown case, of which there must be a disquieting number, as evidenced by the advanced nature of the disease in many cases when they are eventually diagnosed. Many of these cases are being picked up by the mass-radiography units and at the out-patients' x-ray clinic at Whinney House Hospital.

The general practitioners of the district are alive to this problem and are making every use of the facilities for diagnosis of chest disease which are now available.

Radiography Clinic.

The diagnostic x-ray clinic held at Whinney House Hospital every Saturday morning again attracted large numbers of patients usually sent direct by the general practitioners of the area.

A total of 5,208 patients were seen.

Towards the latter part of the year a new 500 m.a. unit was installed in the hospital to replace the old unit which had given good service for many years and was now worn out. This apparatus is functioning well.

Domiciliary Visiting.

There was no increase in the staff of health visitors attached to the chest clinic during the year. This remained at one full-time health visitor and one clinic nurse who does also a limited number of domiciliary visits.

The health visitor made 300 first visits to newly notified cases and 846 re-visits during the year, making a total of 1,146.

The chest physician made 56 special visits at the request of private practitioners.

The health visitor made complete records of the housing conditions of the patients she visited and from these records the following facts were elicited :—

141 patients occupied a separate bedroom

14 patients occupied a separate bed with others in the room

96 patients occupied the same bed as other members of the family

Of the latter, 85 had one other person sharing the bed, 13 had two others and 12 had more than two others sharing the bed.

The housing accommodation of 251 cases completely investigated was as follows :—

1 roomed tenement	.....	.....	16 cases
2 rooms	.....	.....	34 "
3 rooms	.....	.....	69 "
4 rooms	.....	.....	77 "
over 4 rooms	.....	.....	55 "

Thus, 78.08% of the new cases lived in houses having 4 rooms or less.

During 1951 a total of 51 or 12.4% of the houses let by the Council were allocated to tuberculous families.

Last year, 21 or 9.5% of the houses let were allocated to tuberculous families.

Institutional Treatment.

Institutional treatment for tuberculous cases is provided by the Regional Hospital Board.

The Gateshead Chest Clinic had an allocation of 129 beds in various hospitals and sanatoria in the region. Of these the chest physician has under his immediate charge 52 beds at Whinney House Hospital, 24 at Bensham General Hospital, and a variable number of children in the Gateshead Children's Hospital.

In addition beds are provided for orthopaedic cases of tuberculosis in Sheriff Hill Infectious Diseases Hospital, which are under the care of Mr. Bremner, the Orthopaedic Surgeon for the district.

The facilities for major chest surgery for the district covered by the Gateshead Chest Clinic has shown no improvement during the year under review and there is still a long waiting list of patients requiring such treatment. A new thoracic surgery unit is under construction at Seaham Hall Sanatorium, and an allocation of beds there will be available for Gateshead patients when it is completed. This is hoped to be ready some time in 1952 and may reduce the period of waiting to a reasonable time.

Minor surgical treatment is now readily available at Wooley Sanatorium, and has resulted in a much better turn-over of cases requiring collapse treatment.

The following table shows the number of cases treated in hospital during the year :—

Table of Admissions, Discharges and Deaths in Institutions.

	In on 1st day of year			Admitted			Discharged			Died			In on last day of year		
	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch
inney Ho. sanatorium	20	15	1	67	55	—	67	53	1	2	1	—	18	16	—
sham Gen. ospital	10	9	—	33	30	1	30	22	1	6	6	—	7	11	—
rasford San le San.	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
hington sanatorium	12	10	5	19	6	1	21	9	5	1	—	—	9	7	1
nderson's hop. Home	—	—	7	—	—	11	—	—	7	—	—	—	—	—	11
iff Hill D. Hospital	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—
ll's Ho. San. man's Rid.	4	7	5	9	14	10	10	11	5	—	3	2	3	7	8
ospital lsend I.D.	—	—	1	—	—	1	—	—	2	—	—	—	—	—	—
ospital eshead	—	9	1	—	27	16	—	24	12	—	—	—	—	12	5
d's Hosp. en Eliz.	9	—	—	9	—	—	14	—	—	—	—	—	4	—	—
ospital ton I.D.	—	—	11	—	—	18	—	—	25	—	—	—	—	—	4
ospital	—	—	—	12	13	4	13	13	4	1	—	—	—	—	—
Totals	58	50	32	149	147	62	156	133	63	10	10	2	41	54	29

Artificial Sunlight Treatment is carried out at the chest clinic by the clinic nurse. Two sessions per week were held throughout the year.

The following cases were dealt with :—

Tubercular adenitis	....	....	....	8
," abscess	....	....	....	1
Tuberculosis of the skin	....	....	....	4

A total of 50 sessions were held and 311 treatments given.

After-Care and Rehabilitation.

Every effort has been made to rehabilitate patients back to work and the local District Rehabilitation Officer has been able to find suitable occupations for 51 patients during the year.

11 patients were admitted to the Rehabilitation Centre at Felling for training in one or other of the lighter industries. In addition 5 patients were found work in the Team Valley Remploy Factory.

Unfortunately in this district there are few light industries who employ men, and although it is comparatively easy to find suitable work for women it is very difficult to find light employment for men, especially if they are unskilled.

The Health (Care and After-Care) Sub-Committee has continued to do useful work in assisting necessitous patients and their families, and the following assistance was granted as specified.

Clothing outfits provided	150	Bed rests.....	....	....	9
Clothing outfits provided through other sources	Nil	Rubber sheets .....	....	....	2
Bed and bedding provided	21	Urinals.....	....	....	7
Portable rubber urinals	1	Sponge rings .....	....	....	13
Bedpans	11	Sputum mugs .....	....	....	8
Sponge beds	1	Spinal carriages .....	....	....	1
		Feeding cups .....	....	....	1

B.C.G. Vaccination.

Extended use of B.C.G. Vaccination has been made during 1951. This vaccine is now readily available from the Ministry of Health for the vaccination of tuberculosis contacts and hospital staff. Supplies of the vaccine are delivered by air from Copenhagen at regular intervals and issued to Chest Physicians throughout the country on application.

The following individuals were vaccinated at the Gateshead Chest Clinic during the year :—

Hospital staffs	9
Contacts	89
Total	98

The effectiveness or otherwise of B.C.G. vaccination in reducing tuberculosis morbidity will not make itself felt for some years. At present it is not yet being extended to the general public, being only available for tuberculosis contacts and the staff of hospitals. Careful records of all patients vaccinated are being kept and such cases will be followed up for some years. In this way it will be possible to find out what reduction in incidence of disease there is in vaccinated individuals compared with the un-vaccinated.

It is gratifying to state that consent to B.C.G. vaccination has been readily granted by parents of contact children, and in many cases parents have voluntarily asked to have their children vaccinated.

It is hoped that before long B.C.G. vaccination will be made available to the public generally.

The following table gives a resume of the cases seen and dealt with at the Chest Clinic in 1951 :—

	Respiratory			Non-respiratory			Totals			Grand Total
	M	W	Ch	M	W	Ch	M	W	Ch	
Number of notified cases of T.B. on Clinic Registers on 1st Jan. 1951	520	435	198	27	40	44	547	475	242	1264
Transfers from Clinics under other H.M.Cs. or B.Gs. during the year	7	7	1	1	—	—	8	7	1	16
Cases lost sight of returned to Clinic during the year	6	3	1	—	—	—	6	3	1	10
Number of New Cases diagnosed as tuberculosis during the year :—										
T.B. MINUS	48	49	55	9	5	4	57	54	59	170
T.B. PLUS	35	35	4	1	1	3	36	36	7	79
Totals A and B	616	529	259	38	46	51	654	575	310	1539
Number of Cases in A and B written off clinic registers during year :—										
(1) Recovered	40	44	45	2	6	6	42	50	51	143
(2) Died (all causes)	26	18	—	—	—	1	26	18	1	45
(3) Removed to other clinics	14	17	3	—	3	1	14	20	4	38
(4) Other reasons	8	5	2	—	—	—	8	5	2	15
Totals of C	88	84	50	2	9	8	90	93	58	241
Number of notified cases of T.B. on clinic register on 31st Dec. 1951	528	445	209	36	37	43	564	482	252	1298
Number of above known to have had positive sputum within preceding 6 months	95	54	2	—	—	—	95	54	2	151
Number of contacts first examined during the year—										
(1) Diagnosed as tuberculosis	2	5	16	—	—	—	2	5	16	23
(2) Not tuberculous	97	142	402	—	—	—	97	142	402	641
(3) Not determined (as at 31.12.51)	—	1	4	—	—	—	—	1	4	5
Number of patients on clinic register awaiting admission to T.B. institutions	16	21	4	—	—	—	16	21	4	41
1. No. on Clinic Register on 1.1.51	1264	2. No. of attendances at the Clinic including contacts			10,197					
3. No. of :—										
(a) Specimens of sputum examined	.....	.....	.....	.....	.....	.....	2,124			
(b) X-ray examinations made in connection with clinic work	.....	.....	.....	.....	.....	.....	5,208			

S. D. ROWLANDS, M.D., B.Hy., D.P.H.,
Consultant Chest Physician.

D. VENEREAL DISEASES.

Return relating to Gateshead Cases treated at Ward 34, Newcastle General Hospital, 1951

	Syphilis		Gonorrhoea		Conditions other than Venereal		Totals 1951			1950	1949	1948	1947
	M	F	M	F	M	F	M	F	Total	318	387	404	412
Persons under treatment or observation on 1st January, 1951	122	140	9	1	29	3	160	144	304	318	387	404	412
Old cases, returned	4	1	—	—	—	—	4	1	5	9	6	9	12
New cases :													
Syphilis primary	1	1	—	—	—	—	1	1	2	8	6	11	12
,, secondary	1	—	—	—	—	—	1	—	1	3	7	10	12
,, latent—	—	—	—	—	—	—	—	—	—	—	6	3	12
,, 1st yr of infection	—	—	—	—	—	—	10	12	22	18	16	15	12
,, late	10	12	—	—	—	—	2	2	4	1	3	2	12
,, congenital	2	2	—	—	—	—	32	18	50	43	53	98	12
Gonorrhoea	—	—	32	18	—	—	—	—	—	—	—	—	—
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—	—	—
Other venereal c'nd	—	—	—	—	160	48	160	48	208	197	248	281	12
Non-venereal c'nd.	—	—	—	—	—	—	—	—	—	—	—	—	—
Conditions undiagnosed at 31.12.51	—	—	—	—	—	—	—	—	—	—	4	8	12
Cases transferred from other areas	4	1	1	—	1	—	6	1	7	9	13	17	12
Totals	144	157	42	19	190	51	376	227	603	606	749	858	12
Cases discharged after cure	24	18	19	9	154	46	197	73	270	236	367	383	12
Cases ceasing attendance before completing treatment	—	—	—	—	—	—	—	—	—	—	—	—	—
Acquired Syphilis, under 1 year	—	—	—	—	—	—	—	—	—	1	1	—	—
,, over 1 year	—	—	1	—	—	—	—	—	—	—	—	14	7
Congenital Syphilis, under 1 year	—	—	—	—	—	—	—	—	—	—	—	—	12
,, over 1 year	—	—	—	—	—	—	—	—	—	—	—	2	1
Gonorrhoea	—	—	—	—	—	—	—	—	—	—	—	—	6
No. of cases under treatment or observation who died from the disease from other causes	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	—	—	—	—	—	—	—	—	1	1	2	4
1	—	—	—	—	—	—	—	—	—	—	5	—	4
Defaulters :	4	2	—	—	—	—	4	2	6	—	—	—	—
(a) Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Gonorrhoea before 3 mos.	—	—	1	3	—	—	1	3	4	—	14	16	24
(c) Gonorrhoea after 3 mos.	—	—	—	—	—	—	—	—	—	—	—	—	—
Cases transferred to other centres or to private practitioners	10	5	9	1	11	—	30	6	36	31	39	43	34
Cases under treatment on 31.12.51	105	130	13	6	25	5	143	141	284	304	318	386	34
Totals	144	157	42	19	190	51	376	227	603	606	749	858	34
No. of attendances for medical trtmnt	1220	1275	600	196	453	300	2273	1771	4044	4077	5293	6458	32
No. of attendances for intermediate treatment	—	—	—	—	230	128	230	128	358	123	181	190	32

W. V. MACFARLANE, M.D., D.P.H.,
Physician in Charge.

Close collaboration exists between this Local Authority and the Regional Board clinic of the Newcastle General Hospital. This liaison in 1951 extended to the treatment of certain female patients who found great difficulty in attending the Newcastle General Hospital, on account of their domestic ties. A member of the staff gave the necessary anti-syphilitic treatment once a week.

The superintendent health visitor has continued to function in the tracing of contacts and the persuasion of defaulters to resume their treatment attendances at the clinic.

The routine antenatal testing of blood by the Wassermann Reaction has continued in the antenatal clinics of the Local Authority and local hospitals. I regret that from the figures available there has been a great drop in the percentage of expectant mothers who are so tested, largely due to the failure of practitioners, with certain exceptions, to take the necessary blood samples. In 1951, 531 mothers were sampled at the Gateshead antenatal clinics and 1,072 Gateshead mothers at the Queen Elizabeth Hospital antenatal clinic, a total of 1,603. Of this number 6 were found positive and 3 were found to have doubtful Wassermann reactions and had a previous history of attendance at the Newcastle clinic. 5 definite cases received adequate treatment with penicillin and bismuth and gave birth to live healthy infants, who were found to be syphilis-free. Of the 3 doubtful cases, one woman proved finally not to be pregnant, one who had treatment gave birth to a live syphilis-free infant, and one, who was non-co-operative, gave birth to a child who died within three days with haemolytic disease, the patient refusing to go into hospital.

I am able to give herewith the return made by the physician in charge of the appropriate department at the Newcastle General Hospital, and give comparative figures for previous years. It will be noted that there were only three new cases of early syphilis, as compared with 11 in 1950, while the incidence of late congenital syphilis remained the same as in 1950. There was, however, an increase in the incidence of gonorrhoea from 43 cases to 50, a figure which is nevertheless a great improvement on the figure of 144 recorded in 1946. The number of non-gonorrhoeal conditions seen at the clinic is practically unchanged.

The number of syphilitic defaulters has been reduced, while the number of gonorrhoea defaulters has increased slightly. In 1951, 29 patients suffering from syphilis and 50 patients suffering from gonorrhoea, all belonging to Gateshead, attended the clinic, together with 208 patients suffering from other conditions.

Progress in the prevention and cure of venereal diseases has therefore been satisfactory, and it is felt that it is not necessary to initiate any further propaganda against these diseases.

PART IV — MISCELLANEOUS SERVICES.

A. National Assistance Act, 1948 (Section 47).

11 persons were referred to the Medical Officer of Health for possible action under Section 47 of the above Act. In 8 cases the information was received from welfare officers, in 1 instance from the school attendance officer, in 1 instance from a relative and in 1 instance from an officer of the public health department.

In 4 of these cases, the necessary certificate was issued and as a result all were removed to Fountain View Welfare Hostel. Of the remaining 7 cases, 4 agreed to enter voluntarily, 1 case was provided with a home help and the other 2 cases were referred for further observation.

B. Welfare of the Blind.

Through the courtesy of Mr. E. Waton, Director of Welfare Services, Gateshead, I am able to reproduce the following tables relative to the status of the blind at the end of the year :—

		Males	Females	Total.
Registered Blind Persons	.....	133	156	289
Persons in Residential Accommodation				
Fountain View	.....	8	8	16
Beacon View	.....	—	1	1
Chronic Ward, Bensham General Hospital	.....	1	—	1
Children Aged under 16				
Educable	.....	3	1	4
Uneducable	.....	1	—	1
		4	1	5
Attending Special Schools for the Blind				
	.....	3	1	4
Occupations of Employed Persons				
<i>Workshops for the Adult Blind.</i>				
Basket workers	.....	4	—	4
Mattress makers	.....	2	—	2
Brush makers	.....	4	—	4
Sewing machinists	.....	—	—	—
Mat makers	.....	6	—	6
Ships fender maker	.....	—	—	—
Machine knitter	.....	—	1	1
		16	1	17
<i>Otherwise employed</i>				
Piano tuners	.....	1	—	1
Telephone operators	.....	2	—	2
Open employment	.....	6	3	9
		9	3	12

Physically and Mentally Defective and Mentally Disordered.		Males	Females	Total.
Mentally disordered	—	—
Mentally defective	4	—
Physically defective	6	4
Deaf without speech	2	2
Deaf with speech	3	2
Hard of hearing	9	12
				21
			24	20
				44

C. Pharmacy and Poisons Act.

40 persons were registered for the sale of poisons listed in Part II of the Poisons List, and these were supervised on behalf of the Council by the Pharmaceutical Society's Inspector, who has reported that the provisions of the Act were adhered to in 1951.

D. Superannuation Acts.

60 persons were examined under these Acts, 53 for new appointments with the Gateshead Local Authority and 7 for appointments with other Authorities. Under the modified scheme for manual workers employed by the Local Authority, 124 persons were examined, 48 males and 76 females.

PART V. SANITARY CIRCUMSTANCES OF THE AREA.

(Report of the Chief Sanitary Inspector — W. A. Mears).

The year under review has been one of steady activity throughout the Department, with the usual frustrations and disappointments, due to shortages of materials and to economic factors. What might have been accomplished without these set backs is perhaps a matter of conjecture, but without any exaggeration it may be stated that housing—our No. 1 problem—might have been solved years ago but for these obstacles that arise so persistently leaving the same sense of frustration.

A resuscitation of slum clearance was envisaged when a deputation visited the Ministry of Housing and Local Government in this connection early in the year, but shortage of land, which appears to be a difficulty that cannot be easily surmounted, has for the time being prevented the fruition of our aspirations and so slum clearance must wait the solution of the *land problem*—which is one not solely confined to Gateshead.

New Legislation.

The Rag Flock and Other Filling Materials Act, 1951 came into operation on the 1st November, 1951 and has been designed to secure the use of clean filling materials in upholstered articles and other articles which are stuffed or lined. It provides for the registration of premises where such filling materials are used except for remaking or reconditioning of articles and for the licensing of premises used for manufacturing or storing rag flock. Powers are given to local authorities for the inspection of premises and sampling of materials.

Similar control of all premises engaged in filling and stuffing, whether by way of remaking or reconditioning, appears to me to be equally or even more important, especially in relation to such activities in connection with second hand articles.

A. Water Supply

The public water supply of the Borough is obtained from the reservoirs of the Newcastle and Gateshead Water Company. The main supply is upland surface water from large catchment areas in the Cheviots where the principal impounding reservoir is at Catcleugh, the remainder coming from reservoirs in the North Tyne Valley at Colt Crag, Hallington and Whittle Dene areas.

All of the water which is supplied to Tyneside by the Company passes through the Whittle Dene Works, where there are five large and two small reservoirs. These sources are above suspicion but the water is subjected partly to slow sand filtration and partly to rapid mechanical filtration and thereafter chlorinated prior to being piped to service reservoirs and mains.

Distribution to the lower parts of Gateshead is by gravitation from the filtration depots at Whittle Dene, while a pumping station in Askew Road pumps the water for the remainder of the town to the two reservoirs one at Carr Hill (450 feet) supplying the parts of the town below this level, and another at Beacon Lough (520 feet) supplying the highest parts of the town.

The Water Company's monthly statement of "Water in Store" expressed in terms of million gallons, showed a variation between a minimum of 2,927 representing 107 days supply (based on 28 million gallons daily consumption) and a maximum of 5,291 representing 188 days supply.

- (1) The water supply in the whole area is satisfactory in
 - (a) Quality.
 - (b) Quantity.
- (2) Regular examinations were made of the water going into supply.
- (3) There is very little chance of Plumbo-solvent action in the public water supply.
- (4) Practically all supplies are direct to the 32,457 houses with a population of 115,000 ; of these there are 2,079 where the supply is not inside the house.
- (5) Twelve samples were taken for bacteriological examination and twelve for chemical analysis.

Much waste of water, during the winter months, was caused by burst water pipes, resulting in inconvenience during the time that the supply was cut off. The cost of this waste together with the cost of repairs to pipes and fittings must be one of considerable size. Remedial treatment by protection of exposed fittings is surely sound economics. One wonders if greater care would be exercised if the commodity was not quite so plentiful ; in other words, is water too cheap?

Specimen results of each test of the piped supply from the Water Company are given below :—

<i>Chemical Examination</i>	<i>Parts per 100,000</i>	<i>Bacteriological Examination.</i> <i>Plate Count Colonies per ml.</i>
Total solids at 180°C	15.0	
Chlorine as Chlorides	1.42	
Free ammonia	0.007	
Albuminoid ammonia	0.006	
Nitrogen as nitrates	0.06	
Oxygen absorbed (4 hours at 80°F)	0.240	
Total Hardness	11.6	<i>Coliform Bacillus</i> <i>per 100 ml.</i> 0
Permanent Hardness	1.6	
Temporary Hardness	10.0	
Lead and Copper	None	
Iron	0.01	
Appearance and Colour (Hazen degrees 15)	Pale Yellow and almost clear	
Smell and Taste	Satisfactory	
Microscopical examination of Deposit PH. Value 7.4	Satisfactory	

B. Sewerage, Drainage and Closet Accommodation.

The pump house situated outside the Borough for the purpose of pumping back sewage from an area outside the boundary has been completed and awaits the installation of the necessary equipment.

Work on the Western outfall sewer (Section 3) has now been commenced. This is the replacement of an existing overloaded trunk sewer by one of larger capacity and the building of several relief storm water overflows which will discharge through existing pipes to the River Team.

With the exception of a few isolated houses on the outskirts of the town, where sewers are not available, water carriage is the system throughout the Borough. Most of these exceptions will disappear in the near future as Demolition Orders have been made on all but two of the houses.

C. River Pollution.

The River Tyne continues to be used by the riparian authorities as a trunk sewer with results so disgusting and revolting, from the delivery into it of crude sewage, as to require seeing to be appreciated. This cheap but offensive method of dealing with sewage may at some future date be found rather extravagant. The use of chemical fertilisers on farms and agricultural land has increased enormously during the last few years and how long this system can provide crops and still retain

soil fertility is a matter of some doubt. It may be that circumstances will compel mankind to return to the land the invaluable natural fertilisers he is at present so wastefully discharging.

D. Public Cleansing.

I am indebted to Mr. W. C. S. Culley, M. Inst. P.C., Cleansing Superintendent, for the summary of the year's work.

(a) Refuse Collection and Disposal.

Number of Dust Bins and dry boxes in the Borough 35,076

During the year a regular weekly collection of House and Trade Refuse was maintained, and it is calculated that approximately 1,823,952 calls were made for dust bins and dry boxes at all class of premises.

The total quantity of refuse collected amounted to 42,497 tons, which was disposed of as follows :—

Farnacles Tip	.....	.....	15,350 tons
Springwell Tip	.....	.....	17,249 "
Shuttles Tip	.....	.....	9,145 "
Old Fold Tip	.....	.....	753 "
			42,497 tons

Further levelling has been carried out at the old Moss Heaps Tip, as a result of which two additional football grounds have been provided.

Old Fold Refuse is now being tipped and levelled on this Site with the object of providing additional recreation grounds.

Dust Bins. 998 defective bins were replaced by British Standard Type dust bins supplied to local property owners and other Corporation Departments, from the stocks of this Department. Owing to the Government ban on the manufacture of galvanised bins, replacements have been made by the issue of painted bins.

(b) Street Cleansing.

The roads and streets of the Borough, of which there are approximately 140 miles, were regularly cleansed, and the quantity of street sweepings collected amounted to 3,953 tons, which was disposed of as follows :—

Farnacles Tip	.....	.....	2,156 tons
Springwell Tip	.....	.....	1,559 "
Shuttles Tip	.....	.....	220 "
Old Fold Tip	.....	.....	18 "
			3,953 tons

About 7,000 street gullies were emptied, cleansed and resealed at monthly intervals during the year.

Two new mechanical refuse sweeper collectors have been added to the fleet, and were put into operation during the year. These machines are of the most modern type and are more efficient than those used hitherto.

(c) Salvage.

The bag and bucket system of salvage collection introduced during December, 1947, was further extended during the year, and up to the end of December, 8,156 bags and buckets had been issued to dwelling houses within the Borough. It is anticipated that a further 500 will be issued before the end of March, 1952. The total quantity of re-usable waste material collected throughout the Borough and returned to Industry amounted to 1,603 tons, valued at £10,198.

Owing to the present national economic situation it is imperative that all re-usable household waste should be returned to industry and agriculture as soon as possible, and this Department will take all possible steps to increase the collections during the coming year. It is hoped that the Public will co-operate in this direction.

During the year, 478 pigs were fed to bacon weight at the municipal piggeries, and a quantity of kitchen waste from the household buckets was used for this purpose. The revenue from the sale of pigs amounted to £9,890 11s. 9d.

(d) Sanding and Gritting of Roads.

During frosty periods the gritting machines were manned throughout the 24 hours of the day and were thus available for the treatment of frostbound roads with the minimum of delay.

E. Swimming Baths.

The water at both Shipcote and Mulgrave Terrace baths is taken from the Town Supply and in each case is subject to continuous filtration and chlorination treatment.

Four samples were taken for bacteriological examination all of which were found satisfactory.

F. (1) Inspections and Notice.

Complaints received and dealt with :—

General Defects	.....	.....	1,985
Absence of water supply	.....	.....	638
Rodent Infestations	.....	.....	282
Other Vermin	.....	.....	106
			3,011

Sanitary Inspection.

Notices Issued.

Notices were served upon the owners, agents and tenants requiring the abatement of nuisances and repair to dwellings, drains, sanitary conveniences etc.

No. of Informal Notices served	.....	.....	.....	.....	.....	1,673
No. of Informal Notices complied with	.....	.....	.....	.....	.....	1,673
No. of Premises respecting which Statutory Notices were served	.....	.....	.....	.....	.....	42
No. of Premises where Statutory Notices were complied with	.....	.....	.....	.....	.....	58
No. of Premises concerning which Statutory Notices were passed to the Chief Architect to carry out in default	.....	.....	.....	.....	.....	22
No. of Statutory Notices to provide dustbins	.....	.....	.....	.....	.....	116

(2) Summary of Inspector's Visits and Inspections.

Public Health Act

Infectious Diseases	.....	.....	.....	.....	.....	444
Nuisances	.....	.....	.....	.....	.....	604
Water Supplies	.....	.....	.....	.....	.....	722
Drainage	.....	.....	.....	.....	.....	1,076
Stables and Piggeries	.....	.....	.....	.....	.....	98
Offensive Trades	.....	.....	.....	.....	.....	59
Tents, Vans, Sheds	.....	.....	.....	.....	.....	43
Refuse Disposal	.....	.....	.....	.....	.....	620
Smoke Nuisances	.....	.....	.....	.....	.....	103
Verminous Premises	.....	.....	.....	.....	.....	115
Other Infestations	.....	.....	.....	.....	.....	145
Public Conveniences	.....	.....	.....	.....	.....	92
Schools	.....	.....	.....	.....	.....	3
Places of Entertainment	.....	.....	.....	.....	.....	133
Miscellaneous	.....	.....	.....	.....	.....	13
						4,270

Housing Act.

Closing and Demolition Orders	.....	.....	.....	.....	.....	426
Slum Clearance	.....	.....	.....	.....	.....	1,176
Houses let in Lodgings	.....	.....	.....	.....	.....	44
Overcrowding	.....	.....	.....	.....	.....	10
Defects and Repairs	.....	.....	.....	.....	.....	9,191
						10,847

Food and Drugs Act.

Food Inspections : Meat	.....	.....	.....	.....	.....	104
Other Food	.....	.....	.....	.....	.....	374

Inspection of :—

Shops	.....	.....	.....	.....	.....	1,990
Stalls	.....	.....	.....	.....	.....	10
Vehicles	.....	.....	.....	.....	.....	9
Restaurants	.....	.....	.....	.....	.....	206
Food Factories	.....	.....	.....	.....	.....	394
Fish Fryers	.....	.....	.....	.....	.....	223
Dairies and Milkshops	.....	.....	.....	.....	.....	323
Ice Cream Factories	.....	.....	.....	.....	.....	59
Ice Cream Shops	.....	.....	.....	.....	.....	236
Knackers Yard	.....	.....	.....	.....	.....	26
Food Poisoning Cases	.....	.....	.....	.....	.....	37
Sampling Food and Drugs	.....	.....	.....	.....	.....	497
						4,488

Factories Act.

Factories	.....	.....	.....	.....	.....	156
Workplaces	.....	.....	.....	.....	.....	8
Outworkers	.....	.....	.....	.....	.....	1
						165

Shops Act	.....	.....	.....	.....	.....	1,377
						1,377

Rag Flock and Other filling Materials Act.	52
Diseases of Animals	144
Prevention of Damage by Pests Act	654
	654
Total Inspections	21,997
Actual Visits	19,061

3. Places of Public Entertainment.

In accordance with the requirements of Ministry of Health Circular No. 120 dated 25th August, 1920 all places of Public Entertainment in the Borough, comprising two theatres, fourteen cinemas, three billiard halls and twenty-nine halls licensed for music, dancing and singing were inspected and certificates as to satisfactory sanitary conditions were issued in respect of the two theatres, the fourteen cinemas, two of the billiard halls and twenty seven of the licensed halls.

Certificates were issued in respect of one Billiard Hall, and two halls licensed for music subject to the condition that certain works were carried out, undertakings had been received to that effect.

The number of inspections of all these premises carried out during the year was 133.

4. Houses Let in Lodgings.

There are 53 tenement houses in the Register.

5. Offensive Trades.

There are 9 offensive trades authorised to operate in the Borough as shown in the summary.

All have been conducted in a satisfactory manner.

Fat Melter	1
Tallow Melter and Blood Driers	2
Marine Store Dealers	4
Tripe Preparers	1
Rag and Bone Dealers	1
	9

6. Burial Act, 1857. Exhumation.

2 licences were issued by the Home Office under Section 25 of the above Act, one for the removal of human remains from a grave in the East Cemetery and their reinterment in another grave in the cemetery and the other for the construction of a brick vault. A member of the inspectorial staff of this department attended at the appropriate time to ensure that such action as was necessary in the interest of Public Health was duly taken, in accordance with the conditions of the Licence.

7. Knackers Yard.

The following animals and carcases were disposed of at Dobson's Knackers Yard, South Shore Road. The premises were satisfactorily

conducted. Having regard to the objectionable nature of this trade it speaks volumes for the proprietors that no complaints were received.

Horses and Ponies	.....	.....	500
Cows	.....	.....	758
T.B. Cows (T.B. Order)	.....	.....	18
Other Bovines	.....	.....	406
Sheep	.....	.....	1
Pigs	.....	.....	6
		Total	1,689

8. Bakehouses.

There are in the Borough :—

Factory Bakehouses with mechanical Power	43
Factory Bakehouses—manual	9

The sanitary conditions were generally found satisfactory.

There are no underground bakehouses in the Borough.

9. Shops Inspection.

The following works were carried out under the provisions of the Shops Act and Registration of Food Producing Premises and for the Purposes of the Food and Drugs Act.

Sinks with hot and cold water fitted	156
Additional sanitary accommodation	10
Premises Cleansed	244
General Repairs	112
Drains cleared and repaired	18
Premises disinfested	17

10. Clean Food Campaign.

The campaign in connection with the promotion of hygienic conditions of premises and personnel engaged in the handling, preparation, storage and sale of food has been vigorously pursued by talks and film displays given to staffs and women's organisations. The survey of food shops with follow up visits to achieve the necessary standard has been maintained (see table at back). Informal methods only have, up to date, been employed but it is doubtful whether "Moral Suasion" will in every case succeed in raising to the standard required. Statutory action can and must be used if circumstances warrant such procedure. The presence or lack of enthusiasm for better hygienic standards among some tradesmen would appear to be somewhat bewildering for it varies conversely with the amount of expenditure required to satisfy present day legislation and codes of practice.

11. Clean Food Guild—Exhibition.

In order to stimulate interest in the Clean Food Traders Guild and the campaign in general a Clean Food Exhibition was held in the Shipley Art Gallery from 27th to 30th November. This was well supported by tradesmen who readily displayed foodstuffs and equipment, by my staff who wholeheartedly assisted during the period of preparation and staging.

the exhibition and by the public who attended and displayed such a keen interest in all that they were shown and told. My appreciation of the services of the Central Office of Information for their ready co-operation and invaluable assistance by showing suitable films, which proved so attractive and helpful, must also be recorded.

A competition for the best essays, by the children, on the exhibition was not too well supported.

On the whole I would say that the show was undoubtedly successful in serving the purpose for which it was intended, which was to bring to the notice of the public and to all persons engaged in the handling of food the importance of cleanliness, and of care. One feels, however, that the type of person mostly in need of such lessons in hygiene was just too apathetic to take advantage of this important but yet free education—how very sad indeed.

Window display emblems and certificates of membership of the Clean Food Traders' Guild were presented by the Deputy Mayor, Ald. J. T. Etherington, to those tradesmen who have qualified for membership.

Byelaws—Handling and Wrapping etc. of Food.

Steps to enforce new byelaws in connection with handling and wrapping etc. of food have been taken. These byelaws require varying and careful methods of application and need the very wisdom of Solomon and patience of Job. Long established customs among traders and shopkeepers that are definitely insanitary are slowly but surely under the pressure and influence of modern thought and hygienic standards being discarded, although often with murmurings and grumblings by the adherents to the so called "Good Old Days".

Fertilisers and Feeding Stuffs.

Premises producing fertilisers and feeding stuffs were frequently visited.

Seven samples of feeding stuffs were taken for analysis and found to comply, within the limits of variation, with the standards laid down.

13. Merchandise Marks Act.

With the coming into force, on 25th May, 1951, of many of the Marking Orders that were suspended during the war, the trades concerned were notified and steps taken to carry into effect those orders.

No contravention of the Orders was observed.

14. Prevention of Damage by Pests Act, 1949.

The continuation of the maintenance treatments of the Sewers in accordance with Ministry of Agriculture and Fisheries scheme resulted in two further treatments 15th and 16th (13th and 14th maintenance) and test baitings being carried out. The "estimated Kill" figures in the summary show a slight reduction.

Surface surveys and treatments of dwelling houses, factories and refuse tips were also carried out as shown below.

Rodent Control in Sewers.

	1st Treatment	2nd Treatment
Number of sewer Manholes	1,793	1,796
Number of Manholes Test baited	1,119	885
Number of Manholes Pre-baited	258	290
Number of Manholes Poison-baited	178	227
Number of Poison baits taken	146	157
Estimated kill of rats in sewers	1,188	761
Total Estimated kill for both treatments		1,949

Rodent Control in surface premises.

	Type of Premises.			Totals
	Local Authority Premises	Dwelling Houses	Business and other Premises	
1. Number of complaints of infestations	12	221	49	282
2. Number of infestations found by inspection of premises				
(a) Rats	12	91	89	192
(b) Mice	16	340	26	382
3. Number of treatments of premises by Local Authority's Rodent Operators	28	342	93	463
4. Number of Premises treated by occupiers	—	89	22	111
5. Estimated Kill of rats in (3)	142	199	1,169	1,510

Total estimated kill of Rats in Sewers and Surface Premises 3,359.

15. Disinfestation of Verminous Premises.

The number of houses requiring treatment on account of bug and flea infestation continued to show a reduction. Whether this continued improved position, which is not confined to this town, can be attributed to the use of more efficient insecticides e.g. D.D.T. and Gammaxane, or to the higher standard of cleanliness in the homes must remain a matter of conjecture. Whatever be the cause it is a matter for much satisfaction that vermin infested houses are very much the exception today. The following table shows the number of premises treated.

Premises treated for cockroaches :—

Council Houses .....	.....	.....	—
Private Houses .....	.....	.....	17
Hospitals .....	.....	.....	9
			— 26

Premises treated for Bugs and Other Vermin .

Council Houses .....	.....	.....	20
Private Houses .....	.....	.....	37
			— 57

Furniture disinfested on removal to

Council houses .....	.....	.....	112
			—
			195

16. Atmospheric Pollution.

Observations of factory chimneys were regularly made and where excessive smoke emissions were found letters were sent to the management drawing attention to the matter in question along with advice which generally resulted in some temporary improvement. The chief offenders were 1 Coke By-product Works, 2 Paper making Factories, 2 Breweries and 2 Clothing Factories. The following improvements were carried out at these works as a result of negotiations with the management.

- 1 Paper making factory—New boiler with automatic stoker fitted.
2. Clothing factories—3 New boilers with automatic stokers fitted.
- 1 Brewery—Patent furnace door fitted—this is not a success. It is hoped to achieve improvement by instructing the stoker in the art of side firing and by the admission of preheated secondary air to the firebed.
- 1 Paper making factory—Plans have been passed and a licence for the following works is expected—To instal new boiler house and boiler with automatic stoker.

Chemical Heap Combustion.

Combustion has developed on the outer edge of a very large heap of chemical factory waste composed largely of lime. This perimeter—composed of boiler refuse and sulphur waste formed the walls of a tank heap into which lime slurry from the works was pumped many years ago. The fire is spreading around the sides of the heap and giving off very offensive sulphurous fumes which are a source of nuisance to the tenants of an adjoining housing estate. This surely calls for speedy and effective treatment but the responsibility for carrying out such treatment would appear to be in doubt. Negotiations between the Local Authority and others are now taking place and the matter will eventually secure such action as it undoubtedly warrants.

Deposit Gauges.

The readings for the year of the three deposit gauges are shown in the summary below.

Site of Gauge	Deposit tons per square mile		Mean Average tons per square mile.	
	Month	Year	Month	Year
Corporation Yard	23.7	284.43	21.7	260.0
Shipcote Baths	22.12	265.52		
Sheriff Hill Hospital	19.18	230.13		

Estimated weight of deposit on the Borough 151.9 tons per month.
 Estimated weight of deposit on the Borough 1,820.0 tons per year.
 Estimated equivalent in volume 500,000 cubic feet.

Comparative in size to almost that of The Town Hall.

17. Infectious Diseases.

444 Visits were made to cases of infectious diseases notified to the Medical Officer of Health. Housing conditions, means of isolation, milk supply etc., were enquired into.

18. Factories Act, 1937 and 1948.

The Register of Factories, required to be kept by the District Council in accordance with Section 8(3) of the Act, of 1937, has been revised after comparison with the lists of factories kept by H.M. Inspectors of Factories and shows a total of 453 factories in the Borough at the end of the year, of which 410 are factories in which mechanical power is used and 43 are factories in which mechanical power is not used.

Defects and contraventions found during the course of inspections were readily remedied by the factory occupiers upon their attention being drawn to such and in only two cases were written notices necessary.

Notices received from H.M. Inspector of Factories in respect of 7 factories in the Borough relating to matters requiring the attention of the District Council under the provisions of Part I of the Act of 1937 received attention with satisfactory results.

The co-operation which continues to be maintained between this Department and H.M. Inspectors facilitates the work under these Acts with beneficial results.

The particulars required by Section 128(3) of the Act of 1937 to be reported with respect to matters under Part I and Part VIII of the Act which are administered by the District Council and prescribed by form 572 of the Ministry of Labour and National Service are shown in the table below.

1. Inspections.

Premises	Number on Register	Number of		
		Inspec-tions	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	43	46	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	410	122	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority	—	—	—	—
Total	453	168	2	—

2. Cases in which Defects were Found.

Particulars	Number of cases in which Defects were Found.				Prosecutions	
	Found	Remedied	Referred			
			To H.M. Inspector	By H.M. Inspector		
Want of Cleanliness	3	2	—	2	—	
Overcrowding	—	—	—	—	—	
Unreasonable Temperature	1	—	—	1	—	
Inadequate Ventilation	—	—	—	—	—	
Ineffective drainage of floors	—	—	—	—	—	
Sanitary conveniences—						
(a) Insufficient	5	3	—	2	—	
(b) Unsuitable or Defective	16	13	—	2	—	
(c) Not separate for Sexes	2	2	—	—	—	
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—	
Total	27	20	—	7	—	

Part VIII of the Act. Outwork (Section 110 and 111).

No notification of outworkers employed by occupiers of factories within the Borough were received during the year.

Notification was received from another District Council respecting one outworker resident within this Borough employed by the occupier of a factory in that other district upon work of finishing wearing apparel. The premises were visited.

9. Rag Flock and Other Filling Materials Act, 1951.

Under this Act, which came into operation on the 1st November, 4 premises were inspected and licensed or registered as shown :—

Premises licensed to manufacture Rag Flock	1
Premises registered to use filling materials to which the Act applies	13
Total	14

10. Diseases of Animals Acts and Orders.

Report of action taken by the Inspector of the Local Authority.

The veterinary inspections required by the Diseases of Animals Acts were carried out by the Divisional Inspectors of the Ministry of Agriculture and Fisheries, supplemented by certain local administration of the various Orders and Regulations.

11. Live Stock Markets.

Statement of number of animals which passed through Messrs. Maughan's Auction Marts, Tyne Road East, which is an official collecting centre.

	<i>Fat Stock for Slaughter</i>	<i>Store Stock</i>
Cattle	2,396	626
Sheep	3,853	—
Calves	256	—
Pigs	6,436	1,348
Dairy Cows	—	160
Horses	—	568
	12,941	2,702

70 Sales were held and one of the staff attended all sales for the purposes of issuing movement licences and the general supervision of cleansing and disinfection.

Irish Animals Order—Authorised Market.

No. of sales	.....	.....	6
Cattle arriving	.....	.....	318
Licences issued for movement out			17
Licences issued for movement in			11

Copies of the licences were sent to all receiving authorities to enable them to check arrival and detention at the farms.

Transit of Animals Order.

Cleansing and disinfection of road vehicles was supervised at Messrs Maughan's Washing Dock, Redheugh Bridge Road, at which 246 vehicles were dealt with.

Regulation of Movement of Swine Order 1950.

Movements of animals licensed under this Order were as follows :—

286	Licences in respect of movement of from Maughan's Auction Mart to premises out of the Borough.	1,298 store pigs
12	Licences in respect of movement of from Maughan's Auction Mart to premises within the Borough.	50 store pigs
39	Licences in respect of movement of to premises within the Borough were received and checked.	449 store pigs
37	Licences in respect of movement of into Maughan's Auction Mart as Ministry of Food Collecting Centre for animals for slaughter were received and checked.	124 fat pigs

Swine Fever and Other Scheduled Diseases.

The Borough was free from any outbreak of contagious disease amongst animals.

Tuberculosis Order.

Reports upon the inspection of dairy herds were received from the Divisional Veterinary Inspectors, with whom close co-operation was maintained and whose advice and assistance was readily available.

2 cases of tuberculosis were reported under the Order (see action under Regulation 20) 1 case of mastitis was also reported. Each case was visited and all the milk from the herds was pasteurised until clearance certificates were issued by the Ministry of Agriculture and Fisheries.

PART VI. INSPECTION AND SUPERVISION OF FOOD.

A. Milk and Dairies.

1. Cowbyres.

There are now only 6 cowbyres in the town, housing approximately 110 cows. The Ministry of Agriculture and Fisheries is responsible for the control of these premises.

2. Milk Retailers.

Wholesale Retailers in Gateshead	.....	.....	12
Wholesale Retailers from outside areas	.....	.....	10
Producer Retailers (registered by Ministry of Agriculture and Fisheries)	.....	.....	5
Producer not retailing (registered by Ministry of Agriculture and Fisheries)	.....	.....	1
Producer Retailers from outside areas	.....	.....	2
Retailers (shops)	.....	.....	320
			350

3. Purity of Milk.

68 Formal and 7 informal samples of milk were taken under the Food and Drugs Act, 1938 (see table under Section C).

4. Milk (Special Designation) (Raw Milk) Regulations, 1949.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The following table gives the various grades for which 418 licences were issued which shows an increase of 25 on last year.

Tuberculin Tested.

Dealers Licences	.....	.....	39
Supplementary Licences	.....	.....	5

Pasteurised and Sterilised.

Dealers Pasteurisers Licences	.....	.....	4
Dealers Sterilisers Licence	.....	.....	1
Dealers Licence to use Designation "Pasteurised"	.....	.....	54
Dealers Licence to use Designation "Sterilised"	.....	.....	310
Supplementary Licences to use Designation "Pasteurised"	.....	.....	5
			418

Bacteriological Examination of Milk.

The following summary shows the total number of samples taken during the year and submitted for the prescribed tests under the Milk (Special Designations) (Raw Milk) Regulations, 1949 and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulation 1949 and the Heat Treated Milk (Ministry of Health) Circular 31/44.

(1)	Methylene Blue Test	228
(2)	Phosphatase Test	193
(3)	Tuberculosis Biological Test	28
(4)	Turbidity Test	7
(5)	Haemolytic Streptococci (Mastitis Test)	12
		468

<i>Class of Milk</i>	<i>Appropriate Tests</i>	<i>Number Examined</i>	<i>Number Satisfactory</i>	<i>Number Unsatisfactory</i>	<i>Per cent Satisfactory</i>
Pasteurised	Meth. Blue	76	74	2	97.3
	9*	—	—	—	—
	Phosphatase	84	83	1	98.8
School Milk Supply (Pasteurised)	Animal Inoculation	2	2	—	100.0
	Meth. Blue	79	78	1	98.7
	Phosphatase	78	78	—	100.0
Sterilised	Animal Inoculation	3	3	—	100.0
	Turbidity	7	7	—	100.0
	Meth. Blue	30	27	3	90.0
Tuberculin Tested (Pasteurised)	Phosphatase	31	31	—	100.0
	Meth. Blue	10	7	3	70.0
	Animal Inoculation	7	7	—	100.0
Accredited	Meth. Blue	6	4	2	66.6
	Animal Inoculation	4	4	—	100.0
	Haemolytic Streptococci	1	1	—	100.0
Ungraded	Meth. Blue	18	11	7	61.1
	Animal Inoculation	12	10	2	83.3
	Haemolytic Streptococci	11	7	4	63.6
		468	434	25	92.7

* 9 invalidated—overnight temperature exceeded 65°F.

The number of samples taken during 1951 fell slightly below the previous year, but the results generally reveal very little change.

The amount of raw milk retailed in the Borough, now forms a very small proportion of the total amount consumed and tends to decrease yearly as the small dairymen are taken over by the large retailers. During 1951 three such transfers took place. This area, possessing adequate facilities for the processing of huge quantities of milk would thus appear to be ripe for an Order from the Ministry of Food, under Section 23 of the Food and Drugs Act, 1950, making it a specified area for the sale of milk only of a special designation.

The efficiency of the modern pasteurising plant is demonstrated by the fact that out of 193 samples submitted for the phosphatase test only one was reported as improperly heat treated and out of 194 samples submitted for the methylene blue test only 6 failed.

Five samples of heat treated milk and twenty-three samples of raw milk were submitted for the biological tuberculosis test. Two of the samples of raw milk, both from farms within the Borough were reported as positive.

Milk and Dairies Regulations, 1949.

Action under Regulation 20.

In connection with the two positive tuberculosis samples referred to in the previous paragraph, notices under Regulation 20 of the Milk and Dairies Regulations, 1949 were served on the farmers prohibiting the sale of milk unless heat treated. In case No. 1 the offending cow was discovered and slaughtered after bulk and individual sampling of the herd, when the notice was withdrawn. In case No. 2 the causative animal was not discovered despite similar sampling by the Ministry of Agriculture and Fisheries. It was learned that several cows had been removed from the herd between the date of taking the original sampling and the receipt of information upon the result of the test.

The time lag of six weeks for carrying out the biological test, again reveals this serious weakness of a system that allows on occasion, whether by accident or design, the sale of cows secreting infected milk to other farmers, thereby spreading infection.

Following upon a report of mastitis in a dairy herd in the Borough, twelve samples of milk were submitted for the haemolytic streptococci bacteriological test. The result being positive a notice was served under Regulation 20 of the Milk and Dairies Regulations, 1949 prohibiting the sale of the milk unless heat treated. The notice was withdrawn when the cows were reported free of the disease.

Schools, Nurseries and Hospitals Milk Supply.

Regular sampling of the milk supplies to all schools, nurseries and hospitals in the town was carried out.

186 samples were taken and submitted for the various tests 95.6% satisfied the methylene blue test and 100% satisfied the phosphatase test. Three samples submitted for the biological tuberculosis test were reported as negative.

Heat Treated Milk (Ministry of Health) Circular 31/44.

In accordance with the above circular samples of Pasteurised Milk were taken regularly from the four licenced plants in the Borough and the results were as follows :—

- 49 Samples of pasteurised milk were taken at the dairies, all of which satisfied the methylene blue test and 48 the phosphatase test.
- 19 Samples of Tuberculin Test Pasteurised Milk were taken at the dairies all passed the phosphatase test and all but one the methylene blue test..

Five samples of sterilised milk were taken at the dairy operating this method of heat treatment all of which were found satisfactory. This factory ceased to operate as from the 30th March, 1951.

Ropy Milk.

Following the receipt of a report from the manager of a dairy in the Borough thatropy milk was being received investigations were made. Samples of milk taken at two farms supplying the dairy failed to reveal any organisms responsible. The Ministry of Agriculture and Fisheries Milk Testing Department also investigated the complaint which eventually cleared up.

Milk Bottle Washing.

A check on the efficiency of the washing of milk bottles was made by submitting several for examination after being through the machines. In one case an unsatisfactory result was received. Cleaning and adjusting of the machine concerned was successful in putting matters right.

4. Bacteriological Examination of Ice Cream.

60 samples of ice cream were submitted for the methylene blue grading test and the results were as follows :—

Grade 1	.....	.....	.....	32
Grade 2	.....	.....	.....	6
Grade 3	.....	.....	.....	7
Grade 4	.....	.....	.....	15
				—
				60

Samples falling into Grades 1 and 2 are considered satisfactory and those in 3 and 4 unsatisfactory.

The percentage satisfactory during 1951 was 62.2 as compared with 62.9 in 1950.

Six of the unsatisfactory samples were from outside sources and were reported to the authorities concerned.

All ice cream factories in the town have been visited regularly and the manufacturers have made every effort to produce a clean and safe ice cream.

Chemical Analysis of Ice Cream.

A standard for ice cream prescribed by the Minister of Food came into force on the 1st March, 1951.

Seven informal samples were taken from manufacturers in the town and submitted for analysis. The results showed that only two complied with the standard laid down. Letters of warning were sent to the manufacturers concerned. Subsequent formal sampling gave satisfactory results.

Ice Cream Premises.

Registrations cancelled during 1951	.....	.....	.....	3
No. of Premises registered for sale of ice cream during 1951	.....	.....	.....	36
No. of premises registered for manufacture of ice cream during 1951	.....	.....	.....	—
Total number of premises at present registered for sale or manufacture of ice cream	.....	.....	.....	185

3. Inspection of Meat and Other Foods.

1. Slaughterhouses.

Centralised slaughtering since 1940 in Newcastle under the control of the Ministry of Food brought into disuse as such the private slaughterhouses in the Borough. Many, if not all of these, must be quite unsuitable by now. If the decontrol of meat and slaughtering ever takes place then the question of slaughterhouse provision for the Borough would have to be examined very carefully. The construction of a Public slaughterhouse large enough to cater for this and the adjoining areas in the County of Durham would appear to be very necessary.

2. Unsound Foods.

The inspectorial staff are all qualified meat inspectors and spent considerable time in the inspection of meat and foodstuffs in shops, warehouses and depots. All food condemned as unfit for human consumption that was suitable for animal feeding was released for that purpose either direct to piggeries or to processing factories.

The following table summarises the total weight in lbs. of such foodstuffs all of which was voluntarily surrendered and consequently was not the subject of magisterial condemnation. The largest individual item in the summary (8,267 canned meats) refers to imported ham and pincheon meat. Various reasons have been suggested as being the cause e.g. too mildly cured, too mildly cooked, cans made from metal of too

light gauge ctc. It does seem a pity in these days of shortages to find such colossal quantities of meat condemned, and whatever the causes, which I think number and vary considerably, some effort has been made by the Ministry to have these remedied, and soon it is hoped that the condemnation of a cooked canned ham will be very much more the exception than the rule.

		lbs.
1.	Butcher Meat and Bacon	5,556
2.	Fish (Fresh and Dried)	179
3.	Provisions	1,282
4.	Fruit and Vegetables	93
5.	Carton and Packet Goods (Cereals etc.)	981
6.	Tinned Meat and Fish	8,267
7.	Tinned Vegetables, Fruit, Soups, etc.	4,964
8.	Tinned Milk	448
9.	Preserves (Pickles, Essences)	159
		<hr/>
		21,929

Transport and Handling of Meat.

Some very slight improvement has been effected in this very important field. The contractor responsible for meat transport has been persuaded to fit out one of his waggons with rails and hooks, for the purpose of hanging quarters and sheep carcasses. This was a trial and one had visions of great results, but alas it seems no-body's business to compel the humpers at the depots to use the hooks and rails provided. Hence the quarters and carcasses are still stacked on the floor of the waggons to be mauled and climbed over by the numerous gentlemen whose duty it is to carry out the loading and delivery. One does not despair however, of some day seeing meat treated with the pre-war respect it received from its private owners.

Importation of Foodstuffs.

The following table shows the amount of foodstuffs landed at Hillgate Quay from the Continent.

		Tons.
1.	Milk and Milk Powder	813 $\frac{1}{2}$
2.	Margarine and Cooking Fat	29 $\frac{1}{2}$
3.	Vegetables—fresh	3,038
4.	Fruits—fresh	3,032
5.	Vegetables—Tinned	5 $\frac{1}{2}$
6.	Fruits—tinned	270 $\frac{1}{2}$
7.	Vinegar	$\frac{1}{2}$
8.	Pickles and Sauces	54 $\frac{3}{4}$
9.	Bacon, Eggs, Butter and Cheese	3,343 $\frac{1}{4}$
10.	Jams, Syrup etc.	607 $\frac{3}{4}$
11.	Cakes and Biscuits	554 $\frac{3}{4}$
12.	Beer, Wine, Spirits and Alcohol	130 $\frac{1}{4}$
13.	Cereals	102 $\frac{1}{4}$
14.	Meats—tinned	1,274 $\frac{1}{2}$
15.	Chocolate, Sweets, etc.	241 $\frac{3}{4}$
16.	Other Foodstuffs	1,776
		<hr/>
	Total	15,274 $\frac{3}{4}$

C. Food and Drugs Act, 1938.

Samples taken for analysis during the year, 1951.

<i>Samples taken</i>	<i>No of Samples.</i>	<i>Genuine</i>	<i>Adulterated or Irregular.</i>
Formal			
Milk	68	68	—
Pork Sausage Meat (No. 134 & 135)	2	—	2*
Ice Cream	3	3	—
Rum	1	1	—
Informal.			
Milk	7	6	1
Mustard	1	1	—
Vinegar	1	1	—
Fish Cakes	6	6	—
Dripping	2	2	—
Golden Raising Powder	1	1	—
Meat Paste	2	2	—
Lemon Clips	1	1	—
Cough Nibs	1	1	—
Mixed Spice	1	1	—
Beans in Tomato Sauce	2	2	—
“Suenut”	1	1	—
Dried Fruit and Sugar	1	1	—
Bread Sandwich	1	1	—
Marsh Mallow Snowball	1	1	—
Coffee and Chicory Essence	4	4	—
Sauce	2	2	—
Ground Almonds	1	1	—
Table Jelly	3	3	—
Soft Drink Powder	1	1	—
Potato Crisps	1	1	—
Ground Ginger	2	2	—
Cornflour	1	1	—
Pepper Compound	1	1	—
White Pepper	2	2	—
Ice Cream	7	2	5†
Jam	2	2	—
Lemon Cheese	1	1	—
Lemon Curd	1	1	—
Salad Cream	1	1	—
Dessert Powder	1	1	—
Blanc Mange Powder	1	1	—
Potted Meat	1	1	—
Cake Mixture	1	1	—
Lard	1	1	—
Butter	1	1	—
Sweets (Marzipan Teacakes)	1	1	—
Coffee	3	3	—
Mincemeat	2	2	—
Battacrisp Mixture	1	1	—
Lung and Chest Mixture	1	1	—
Seed Tapioca	1	1	—
Flake Tapioca	1	1	—
Wine Essence	1	1	—
Synthetic Cream Powder	1	1	—

Formal.

- * Sample No. 134 deficient in meat content to the extent of 32.6% of minimal amount. Warning letter sent to vendor by Ministry of Food.
- * Sample No. 135 deficient in meat content to the extent of 26.4% of minimal amount. Vendor prosecuted by Ministry of Food.

Informal.

- † Ice Cream—letter of caution served on offending purveyors of sub-standard ice cream.
- Milk— Sample taken at a hospital from one gallon remaining in 10 gallons. Churn-milk had not been plunged prior to the removal of small quantities. A check sample from full churn was found genuine.

PART VII. HOUSING.

So much has been said regarding the necessity for more and more housing accommodation, that there remains little which can be added except once again to stress the need for a strong sense of urgency in all matters directly or indirectly related to the production of houses.

There is no doubt, that since 1945 some improvement is noted in the Borough as relief has been provided by the rehousing of 1,537 families with a consequent reduction in overcrowding and by the provision of accommodation for 167 tenants of totally unfit houses. Although substantial, this improvement is comparatively small when considered in relation to the existing requirements for families still living in overcrowded conditions and in unfit houses, and for these families the need for houses is just as great as ever. This fact is supported by the numerous requests and appeals by such families for permission to occupy condemned houses which have been vacated.

When it is considered that houses are condemned because they cannot be made even reasonably fit, and in some cases the conditions are so bad as to be beyond the imagination of those people living in good housing accommodation, some assessment can be made of the dire need of those families who would gladly occupy such houses.

The only answer to all the problems involved is a sufficient and reasonable housing accommodation for each individual family. How this can best be achieved has always been the greatest of these problems but one aspect which is becoming more noticeable is under-occupation of houses. In most cases noted the occupants of such under occupied houses are elderly persons, who are unable to vacate their overlarge houses owing to the shortage of suitable small houses. Facts revealed by the National Census show that the number of persons of pensionable age is on the increase, therefore the number of underoccupied houses will tend to increase also.

It seems reasonable to suppose therefore that the provision of accommodation for single and aged persons, either by new building or by an exchange system, would have a beneficial effect and be worthy of

serious consideration, always providing that any system which may be considered would only be by *voluntary* co-operation of people affected.

Consideration of the following will give some indication of the extent of bad housing within the Borough.

Unfit Houses.

In this category there are 1,372 houses still in existence which were included in areas scheduled for clearance prior to 1938.

Since that time these houses have been kept in use by first-aid repairs only, more especially under the provisions of the Public Health Acts. It therefore requires little imagination to realise that these houses in general are in a bad state and the serious conditions existing in a large number can only be appreciated by actually visiting the areas concerned.

Proof of the conditions lies in the fact that a large proportion of the owners would gladly accept demolition orders in respect of their properties and in many instances owners have requested that such orders be applied.

Little surprise can therefore be expressed that the houses, in areas scheduled for clearance between the years 1933 and 1938, should be now in such a state as to be totally unfit for human habitation without the possibility of being made so fit.

This aspect of bad housing conditions presents the major problem and, however strong may be the reason for such houses remaining, they are a direct menace to the health of the occupants and to the public in general.

During the year individual Demolition and Closing Orders were applied to 50 houses, to this number must be added 63 houses subjected to orders made prior to 1951 and still occupied making a total at the end of the year of 113 houses accommodating 142 families of which 41 were rehoused during the year leaving 101 families still living in condemned houses at the end of 1951.

It must be borne in mind that these houses, to which the individual orders have only been applied as a last resort, present a more urgent problem, in that a period of up to 2 years usually elapses before the tenants can be rehoused, during which period only absolutely essential repairs can be enforced, and that only with difficulty, with the results that rapid and progressive deterioration takes place to such a degree as to render the houses indescribably unfit long before the Closing or Demolition Orders can be effected.

The following table gives the position at the end of 1951 regarding houses subjected to Demolition Orders, Closing Orders and Undertakings by the owners not to relet.

Orders Made	Orders Applied	No of Houses	No. of Families	Families rehoused 1951	Fam. Remaining end of 1951
Demolition Orders	Prior to 1951	25	28	17	11
Closing Orders	Prior to 1951	33	44	9	35
Undertaking not to relet	Prior to 1951	5	5	1	4
Demolition Orders	During 1951	40	55	12	43
Closing Orders	During 1951	10	10	2	8
Undertaking not to relet	During 1951	—	—	—	—
Totals		113	142	41	101

Overcrowding.

The extent of overcrowding is extremely difficult to estimate without the aid of an overcrowding survey and it is considered that at the present time the results of such a survey would not justify the expense incurred thereby.

It is possible however to arrive at a reasonable indication of the amount of overcrowding by a consideration of the evidence available as follows.

The result of the overcrowding survey of 1936 showed Gateshead to be the second most overcrowded County Borough in England, and at that time it was found that there were 3,934 overcrowded families in the Town who were living in "fit" houses, and 795 overcrowded families living in houses included in clearance areas.

During the years 1936 to 1939 overcrowding was relieved only in areas dealt with by the Slum Clearance so that in effect there were some 4,000 overcrowded families in 1939.

The population of the Borough in 1939 was 116,600 and in 1950 it was 115,500. Between 1945 and 1951, 1,293 houses were built and tenanted, but to offset this advantage a greater number of smaller families appeared. There seems, therefore, little to suggest that there is any great difference between the overcrowding position today and that existing in 1939.

The number of applications for houses at present on the list of the Housing Department is approximately 8,000 but it is noted that an increasing number is from people seeking separate accommodation rather than strictly on the grounds of overcrowding. This arises from the fact that the room or rooms occupied by a subtenant may be over crowded but the house taken as a whole is not being occupied in excess of the permitted number.

In areas scheduled for clearance is to be found the greater number of small type houses many of only one room, and almost 100% of the tenement houses of the town, and there is no doubt that in these areas occurs the greatest degree of actual overcrowding.

Slum Clearance.

As previously mentioned under the heading "Unfit Houses" there still remains 1,372 houses which were scheduled for clearance prior to 1938, but another aspect which must not be overlooked is that there are residential areas in which the houses have suffered deterioration to such an extent during the war years and since, and which have only been kept in use by almost constant attention to defects as they arise, that they now constitute areas which should be taken into consideration as further Clearance Areas. The exact number of houses involved will be brought to light when the Second Housing Survey is completed.

Housing Survey.

The Housing Survey carried out in 1950 revealed 18,966 substandard houses, and a second survey was undertaken to determine into which of the three following categories these houses should be placed.

1. Suitable for consideration for improvement.
2. Unsuitable for improvement but worthy of sufficient works of repair to prolong their use.
3. Worthy of limited repair works only and to be included in the category which would provide future clearance areas.

It is not possible to complete the survey on more than 50% of the properties included but it is hoped that the required information will be available for the annual report of 1952.

Housing Accommodation Provided.

During this year 411 families were rehoused in new houses bringing the total since 1945 up to 1,704. It is expected that the completion of present estates together with new estates to be commenced will provide further 500 houses.

Housing Requirements.

The housing requirements can only be estimated after full consideration of all available information summarised as follows :—

- (a) The number of families in areas scheduled before the war for clearance and still awaiting rehousing.
- (b) The number of families occupying houses subject to demolition and closing orders also awaiting rehousing.
- (c) Requirements to meet the conditions which it is anticipated will be revealed as a result of the second survey, showing areas which can only be dealt with by Clearance Orders.
- (d) Requirements to relieve overcrowding as already described.
- (e) Houses to provide a separate home for every family which needs such.

Whilst it must remain a matter of conjecture there are no reasonable grounds on which to vary the previous estimate of a requirement of 5,000 houses which number would include provision for the rehousing of people in unfit properties.

Housing Repairs.

It is satisfactory to note that in still fewer instances was it necessary to take statutory action under Sections 9 and 10 of the Housing Act 1936, thus once again proving the long term value of operating these Sections.

The following table shows the number of notices served, and complied with during the year.

No. of Informal Notices served .....	.....	.....	1,673
No. of Informal Notices complied with .....	.....	.....	1,673
No. of Statutory Notices served under Section 9 .....	.....	.....	42
No. of Statutory Notices complied with .....	.....	.....	58
No. of Statutory Notices executed in default .....	.....	.....	22
under Section 10 .....	.....	.....

In the majority of houses in the Northern end of the town it is becoming increasingly difficult to operate the repair sections (Nos. 9 and 10) of the Housing Act as depreciation in these properties is more rapid and the cost of repairs continues to increase causing the latter to bear no relationship to the value of the property. The two factors to consider when applying these sections being the cost of the works involved and the value of the property when those works are completed, it becomes obvious that while the value of the house remains static, being controlled by the rents, less works can be achieved at what may be established as reasonable cost and in more cases it is found that these works are insufficient to make the houses fit.

Informal action must then be undertaken to remedy the more urgent defects only, otherwise individual Demolition Orders are the only alternative.

W. A. MEARS,
Chief Sanitary Inspector.

ANALYSIS OF DEATHS ACCORDING TO CAUSES, AGES, SEX AND WARDS DURING THE YEAR 1951.

